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S. HAWKES

AUG 2 0 2010

EXAMINER

COVER LETTER

Division of Corporations						
SUBJECT:	MARY BRICKELL VILLAGE HOTEL, LLC					
	Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are submitted for filing.					
Please return all corres	pondence concerning this matter to the following:					
	Pedro Villar					
	Name of Person					
	MARY BRICKELL VILLAGE HOTEL, LLC					
	Firm/Company					
	2533 SW 19th Ave., Suite 400					
	Address					
	Miami, FL 33133					
	City/State and Zip Code					
	pvillar11@gmail.com E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please call:					
Nam	at () e of Person Area Code & Daytime Telephone Number					
Enclosed is a check fo	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)					
Regi Divi P.O.	STREET/COURIER ADDRESS: stration Section sion of Corporations Box 6327 chassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARY BRICKELL VII	LLAGE HOT	EL, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appe: Liability Company)	ars on our records.)			
The Articles of Organization for this Limited Liability Company	were filed on	06/28/2010	and assigned		
orida document numberL10000068576					
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company ho	<u>ere</u> :	NIC 19 PM		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	pany," the designation "l	LLC Sim abusyiation		
Enter new principal offices address, if applicable:	2533 SW 19th Ave., Suite 400				
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33133				
Enter new mailing address, if applicable:	2533 SW 19th Ave., Suite 400				
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 3	3133	,		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, enter	the name of the nev		
Name of New Registered Agent:					
New Registered Office Address:	F	nter Florida street add			
	L		u caa		
	City	, Florida	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title Name Address** Type of Action MGR Francisco Arocha 550 Biltmore Way Ste 500 Add Remove Coral Gables, FL 33134 Pedro Villar Ruben Brida Add Remove Adda ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MGR. Pedro Villar's Address is to be: 2533 SW 19th Ave. Suite 400 Miami, FL 33133 July 27th Dated Signature of a member anathorized representative of a member Ruben Balda, Registered Agent Typed or printed name of signce

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Filing Fee: \$25.00