

****CORRECTED; PLEASE HONOR ORIGINAL SUBMISSION DATE OF 7/25/24**

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

****CORRECTED; PLEASE HONOR ORIGINAL SUBMISSION DATE OF 7/25/24**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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TO: DIVISION OF CORPORATIONS
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Division of Corporations
Fax Number : (850)617-6383

Account Name : CAPITOL SERVICES, INC.
Account Number : 12016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARY BRICKELL VILLAGE HOTEL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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2024 JUL 26 PM 5:33

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850-617-6381

7/26/2024 2:41:57 PM PAGE 1/001 Fax Server



July 26, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MARY BRICKELL VILLAGE HOTEL, LLC
2533 SW 19TH AVE
400
MIAMI, FL 33133

SUBJECT: MARY BRICKELL VILLAGE HOTEL, LLC
REF: L10000068576

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

This statute was chaged 10 years ago. You will find the correct documents on our websit "sunbiz.org".

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: E24000252249
Letter Number: 624A00016552

COVER LETTER

**TO: Registration Section
Division of Corporations**

H24000252249

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 correspondence concerning this matter to the following:

Pedro Villar
Name of Person
MARY BRICKELL VILLAGE HOTEL, LLC
Firm/Company
1001 SW 2nd Ave, 5th Floor
Address
MIAMI, FL 33130
City/State and Zip Code
pvillar@sunviewcompanies.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pedro F. Villar at (**305**) **8580592**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000252249

MARY BRICKELL VILLAGE HOTEL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 28, 2010 and assigned Florida document number L10000068576.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2024 JUL 26 PM 3:33
SECRETARY OF STATE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

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 605, 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

H24000252249

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000252249

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Arvi Management Corporation	1001 SW 2nd Ave, 5th Floor	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pedro F. Villar	1001 SW 2nd Ave, 5th Floor	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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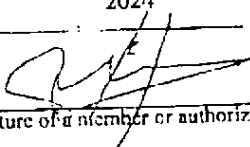
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article VII of the Company's Articles of Organization are hereby deleted in its entirety

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 29, 2024



Signature of a member or authorized representative of a member

Pedro F. Villar

Typed or printed name of signer

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