

L12000003938

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H12000021042 3)))



H120000210423ABCM

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : *Ana M. Sanz*
Account Number : I20070000136
Phone : (305)779-3564
Fax Number : (305)779-3561

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

Email Address:

asanz@cehmf.com

RECEIVED

12 JAN 25 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TAMIAMI HOTEL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

12 JAN 25 AM 8:12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT #H12000021042 3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: TAMiami 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:

Ana M. Sanz, Paralegal

Name of Person

Avila Rodriguez Hernandez Mena & Ferri LLP

Firm/Company

2525 Ponce de Leon Blvd. Suite 1225

Address

Coral Gables, FL 33134

City/State and Zip Code

asanz@arhmf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana M. Sanz

Name of Person

at (786)594-4102

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/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FAX AUDIT #H12000021042 3

FAX AUDIT # H12000021042 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TAMIAMI HOTEL LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 25 AM 8:12

The Articles of Organization for this Limited Liability Company were filed on January 9, 2012 and assigned
Florida document number L12000003938.

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 end with 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)

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

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Andrea Kast	c/o Rist Properties, LLC 6600 Collins Avenue Miami Beach, FL 33141	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated January 25, 2012.

Signature of a member or authorized representative of a member

Christian Kast

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FAX AUDIT #H12000021042 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 25 AM 8:12