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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	me)
(Do	ocument Number)	.
Certified Copies	_ Certificates	s of Status
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EXAMINER



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SECRETARY OF STATE

COVER LETTER

Division of Cor	porations		
SUBJECT:	Whitelaw Hot	el South Beach LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		Marina Huang	
		Name of Person	
•		PCCO, Inc	
		Firm/Company	
	· 1680	Meridian Ave, Suite#102	
		Address	
		iomi Booch El 22120	
		iami Beach, FL 33139 City/State and Zip Code	
	m	•	
	E-mail address: (1	parina@sbirealty.com to be used for future annual report notifica	ation)
For further information co	oncerning this matter, please c	all:	
		•••	05.4000
Ma Name of	rina Huang	at (305) 5 Area Code & Daytime	35-1903 Telephone Number
Hame of	103011	, not could be buy time	
Enclosed is a check for th	e 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Whitelaw Hotel	South Beach L	LC		
(Name of the Limited Liability Com (A Florida Limite	<u>apany as it now appear</u> ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comparing the Line of Organization for the Limited Liability Comparing the Line of Comparing the L	any were filed on	May 25, 2012	and	assigned
Storida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	iability company her	<u>'e</u> :		
			7 . 00	
The new name must be distinguishable and end with the words "L L.L.C."	Limited Liability Compa	iny," the designation	'LLC" or t	the abbreviatio
Enter new principal offices address, if applicable:			<u>:</u> الم	7
Principal office address MUST BE A STREET ADDRESS	2		AHA	
			AR)	manutangu junisminingus S
			E C	
Enter new mailing address, if applicable:			O	Co. Comment
(Mailing address MAY BE A POST OFFICE BOX)			AI:	
B. If amending the registered agent and/or registered	office address on o	our records, <u>enter</u>	the nam	e of the nev
registered agent and/or the new registered office address	here:			
SV 500 B 14 14				
Name of New Registered Agent:				
New Registered Office Address:	Fn	ter Florida street aa	ldross	
	Lii		ur 600	
	City	, Florida _	Zip C	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> **Address** Type of Action **MGRM** PCCO, Inc 1680 Meridian Ave. Suite#102 ☐ Add Remove Miami Beach, FL 33139 PCCO, Inc. MGR 1680 Meridian Ave, Suite#102 Miami Beach, FL 33139 ☐ Remove ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets: if necessary.) Signature of a member or authorized representative of a member

MARINA HUANG
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00