113000037604

(Re	equestor's Name)	.
(Ad	ldress)	***
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORID! 2013 AUG -6 PK 12: 3

B. BOSTICK
AUG - 7 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

_{вст.} Broward Beach 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:

Daniela Trudel

Name of Person

Robert Finvarb Companies

Firm/Company

1065 Kane Concourse, Suite 201

Address

Bay Harbor Islands, FL 33154

City/State and Zip Code

daniela@finvarb.com

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

For further information concerning this matter, please call:

Daniela Trudel

Name of Person

{...}305.866-7555

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Broward Beach Hotel, LLC			<u></u>
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on the company)	on our records.	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L13000037604</u>	mpany were filed on Marc	h 12, 2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
2912 Opening, LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company	," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			5-3
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	7.EC	⊕
,		AH,	3
	· · · · · ·	SS -	b 1
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u>	<u> </u>
warrens Mari DE MA OST OF THE BOND			<u>ကြွ</u> ယ
	-		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		r records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street addres	s
		, 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 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	
			Add	
			Remove	
			Add	
			Remove	
			Kelliove	
			Remove	
		ALLA	2013 AUG	
		MASSE WASSE	Aug E	
			Add Add	
		1000 1000 1000 1000 1000	Remove	
			Add	
			Remove	
			-	
			Add	
			Remove	

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated	
	· // /
	Signature of a member of authorized representative of a member
	Robert Finvarb
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIATE