

12/13/2031

58

**L13060101386**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TU HOSPEDAJE EN MIAMI, LLC**

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January 31, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

TU HOSPEDAJE EN MIAMI, LLC 2ND FAX  
8840 FONTAINEBLEAU BLVD  
APT 302  
MIAMI, FL 33172US

SUBJECT: TU HOSPEDAJE EN MIAMI, LLC  
REF: L13000101386

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.

Please use the title MGR for Manager or AMBR for Authorized Member, you may not use M for a title.

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

Tim Burch  
Regulatory Specialist II

FAX Aud. #: E14000004665  
Letter Number: 914A00000419

RECEIVED  
14 JAN 31 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H14000004665

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

**TU HOSPEDAJE EN MIAMI, LLC**

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

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The Articles of Organization for this Limited Liability Company were filed on 12/04/2013 and assigned  
Florida document number L13000101386

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11046 W FLAGLER ST

MIAMI, FL 33174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11046 W FLAGLER ST

MIAMI, FL 33174

**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:

MARTORELL'S OFFICE GROUP CORP

New Registered Office Address:

11046 W FLAGLER ST

Enter Florida street address

MIAMI

City

Florida 33174

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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

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

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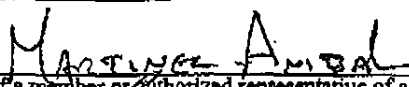
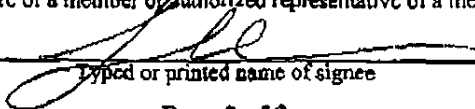
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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