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COVER LETTER

TO:

	tration Section on of Corpora			
SUBJECT: _	MIF	MI LODGII	PGS LLC	
		Name of Limit	ed Liability Company	
The enclosed A	articles of Ame	ndment and fee(s) are subn	nitted for filing.	
Please return al	II corresponder	ice concerning this matter to	o the following:	
		DE 2E	SUS GOPCAL V Name of Person	ES, Pui
	-		Name of Person	
	-	MIAMI	LODG INGS Firm/Company	LLC 差 B
	-	1202 N	KREME AVE	
	-	FLORIDA	A CITY FL,	MAIL COM
		1260NG	CALVES 3@HOT	MAIL. COM
	_	E-mail address: (t	o be used for future annual report notif	fication)
		rning this matter, please ca	111:	
Ruid	E DESL	15 GOVALVES	at $(\frac{78b}{\text{Area Code}})$ Daytim	7 99 4.6
	Name of Per	son	Area Code Dayum	e reteptione reassor
Enclosed is a c	check for the fo	ollowing amount:		
□ \$25.00 Fil	ling 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

**** STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	•
1. 1	Name of the limited liability company: MAMI 20061765 LLC
2. (a	1207 H KA-ME NIE . 1202 N KRONE AVE
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FLURIDA CITY, FL, 33034 FLURIDA CITY, FL, 33034
	(> to t/) t
	03/21/2014 14000047493
3.	Date of filing/registration in Florida 4. Document number
5. (n) MIAMI LODGINGS, LLC
• • •	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	TOOL NKROME AUE 33034
	FLORIDA CITY FL 33037
(1	DUI PE DESUS GEMEUES
(1	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	1202 NVINONEAVE
	NEW Registered Office Address:
	FLORINA CITY FL 33034
If th	the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
cha	age or changes are made, the Florida street address of the regiments it is bareby confirmed that the change(s)
was	Awere authorized by an attirmative vote of the memor's of the limited hability company.
	gnature of a member of authorized representative of a member grant articles of organization or the operating agreement of the limited hability company. 2 1 1 7 5 5 6 6 7 7 5 5
Si	ghadice of a method of the second of the sec
I h pro	ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed only only that the limited liability company has been included by writing of this change.
	Male Com y demonstrator of Registered Agent
Sig	nature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00