

L1400078174

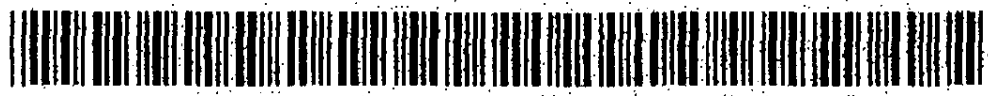
Florida Department of State

850-617-6383

**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.

(((H14000197296 3)))



H140001972963ABC5

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 : THERREL BAISDEN, P.A.
Account Number : I20140000065
Phone : (305) 371-5758
Fax Number : (305) 371-3178

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

Email Address: _____

RECEIVED

14 AUG 21 AM 6:40

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORPORATE SUITES MIAMI FLORIDA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 AUG 21 AM 7:50

FILED

AUG 22 2014

T. HAMPTON

850-617-6383

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

Corporate Suites Miami Florida LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/14/2014
Florida document number L14000078176

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:**2 BISCAYNE BOULEVARD SUITES MIAMI FLORIDA LLC**

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 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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
 14 AUG 21 AM 7:50
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

850-617-6383

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AP	GRANT, HARRY	2 SOUTH BISCAYNE BOULEVARD	<input checked="" type="checkbox"/> Add
		32ND FLOOR	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 AUG 21 AM 7:50

SECRET
U.S. DEPT. OF STATE
TALLAHASSEE, FLORIDA

☒ Add
☐ Remove

14 AUG 21 AM 7:50
 Add Remove
 SEC OF STATE
 TALLAHASSEE FLORIDA
 Add

850-617-6383

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

No additional changes or amendments.

E. Effective date, if other than the date of filing: Date of filing (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 31, 2014



Signature of a member or authorized representative of a member

ADAM R. SHEVIN, ESQ., authorized representative of a member

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 AUG 21 AM 7:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA