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6/28/21

COVER LETTER

TO: Registration Se Division of Cor			
336 Collins	, LLC		ter"
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jennifer Carmona		
	_	Name of Person	
	336 Collins LLC c/o SMS	Lodging LLC	
		Firm/Company	 .
	14 NE 1st Avenue, Suite 8	05	
		Address	
	Miami, FL 33132		
		City/State and Zip Code	
	riskmanagement@smslodgi	ng.com to be used for future annual report notification)	
For further information o	oncerning this matter, please e.	·	
	oncerning this matter, please e	111:	
Jennifer Carmona		305 834-0967 at ()	
Name o	f Person	Area Code Daytime Telepho	one Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Section Division of Corporation	ns
P.O. Box 632		The Centre of Tallahas	

Payable to: Florida Department of State

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

336 Collins LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 2/25/2015	and assigned
lorida document number L15000035207	<u></u> .	
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere	ed office address on our records, <u>enter th</u>	e name of the new regist
gent and/or the new registered office address here:		
N. C.V. B. I. I.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	Cin	Zin 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 Δ company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Managing	Jesper Arnoldsson	14 NE 1st Avenue, Suite 805	
		Miami, FL 33132	■Remove
			□ Change
Manager	Standard Management Services, LI	14 NE 1st Avenue, Suite 805	≣Add
		Miami, FL 33132	□Remove
			
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove \
			□Change \
			DAdd
			□Remove

Effective date, if other than the date of filing: 5/18/2021 (optional)								
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated May 18 2021								
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