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COVER LETTER

Division of Co	rporations				
Miami Riv	ver Point Hotel LLC				
		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
	ondence concerning this matter	-			
rease return an correspo	ondence concerning this matter	to the following:			
	Rodrigo Azpurua				
Name of Person					
	Miami River Point Hotel L	LC			
Firm/Company					
2750 SW 145 Avenue, S		te 106			
		Address			
	Miramar, Florida 33027				
		City/State and Zip Code			
	janeth@rivierapmo.com				
	E-mail address; (t	o be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please ca	II:			
Janeth Zapata		305 433-2397			
Name o	f Person	at (at Code Daytime	Telephone Number		
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

Miami River Point Hotel 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 09/24/2015 and assigned Florida document number L15000162878 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2750 SW 145 Avenue Enter new principal offices address, if applicable: Suite 106 (Principal office address MUST BE A STREET ADDRESS) Miramar, Florida 33027 2750 SW 145 Avenue Enter new mailing address, if applicable: Suite 106 (Mailing address MAY BE A POST OFFICE BOX) Miramar, Florida 33027 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: Same Name of New Registered Agent: 2750 SW 145 Avenue, Suite 106 New Registered Office Address: Enter Florida street address Florida ³³⁰²⁷ Miramar City 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

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effec	ive date, if other than the date of filing: (optional)		
(Itan el	lective date is listed, the date must be specific and cannot be prior to date of filing or many than 00 to a con-		5.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date tent's effective date on the Department of State's records.	will not be list	ed as
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he re	Cord specifies a delayed effective data, but not an effective time at an effective		
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie	er of
	\mathcal{A}		
Dated	December 6th 2017		
	11 June		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00