## 116000 208893

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(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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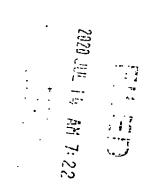
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AUG 24 2020 S. YOUNG

## **COVER LETTER**

	Registration Division of	n Section Corporations :
/ <b>/////////////</b>	South I	Beach Miami Investments LLC
SUBJEC	Tr:	Name of Limited Liability Company
The encl	osed Articles	s of Amendment and fee(s) are submitted for filing.
Please re	turn all corre	espondence concerning this matter to the following:
		Debra Slifkin
		Name of Person
		Firm/Company
		4167 Main Street
		Address
		Jupiter, FL 33458
		City/State and Zip Code debra@marcroberts.com
		E-mail address: (to be used for future annual report notification)
For furth	er information	on concerning this matter, please call:
Debra S	lifkin	at ()
	Nar	me of Person Area Code Daytime Telephone Number
Enclosed	is a check f	or the following amount:
<b>■ \$2</b> 5.	00 Filing Fed	e S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South Beach Miami Investments 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  $\frac{11/14/2016}{1}$ Florida document number  $\frac{L16000208893}{L16000208893}$ 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." 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 , Florida \_

## 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.

City

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
MGR	Scott Norman	4167 Main Street	□ Add
		Jupiter, FL 33458	■Remove
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an effective date is <b>lote:</b> If the date i	other than the date isted, the date must be sp iserted in this block do we date on the Departn	ecific and cannot be poes not meet the ap	plicable statutory	or more than 90 days a	ptional) ifter filing.) Pursuant to 6 this date will not be li	05.0207 ( isted as t
record specifies a l is filed.	delayed effective date	, but not an effecti	ve time, at 12:01 a	.m. on the earlier of	: (b) The 90th day at	fer the
ated July 13		2020				
	NY	7	<u> </u>			
	Signa	fure of a member or	authorized represent	ative of a member		

Filing Fee: \$25.00