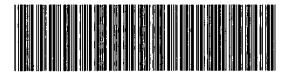
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SECRETARY OF STATE TALLAHASSEE, FLORID*i* 

K. SALY MAR 27 2017

## **COVER LETTER**

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TO:	Reg Divi	istration Sectorial Sector Sec	jon · orations	ė ,	•
CHDI		i. Japan Inn We	eston, LLC		<b>,</b>
SUBJ	EC I:		Name of Lin	mited Liability Company	· · · · · · · · · · · · · · · · · · ·
The en	nclosed	Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please	return	all correspond	dence concerning this matte	r to the following:	•
			Raul Gastesi, Jr., Esq.		
				Name of Person	<del></del>
			Gastesi & Associates, PA		
				Firm/Company	
			8105 Nw 155 Street		
				Address	· · · · · · · · · · · · · · · · · · ·
•			Miami Lakes, FL 33016		
				City/State and Zip Code	······································
			rgastesi@gastesi.com	(to be used for future annual re-	and until coston
					port notification)
For fu	rther in	formation con	cerning this matter, please	call:	
Raul C	Gastesi	Jr.		305 818-9 at ()	9993
		Name of F	Person	Area Code	Daytime Telephone Number
Enclos	sed is a	check for the	following amount:		
<b>3</b> \$2	5.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclor

**MAILING ADDRESS:** 

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 ARTICLES OF ORGANIZATION **OF**

2017 MAR 24 PM 12:21

Japan Inn Weston, LLC

	lity Company as it now appears on our recordance Limited Liability Company)	ORIA.
The Articles of Organization for this Limited Liability	Company were filed on January 19, 2017	and assigned
Florida document number L17000015358	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
Maning duaress MAT BE A TOST OF FICE BOX		
B. If amending the registered agent and/or regi		ls, enter the name of the no
tegistered agent and/or the new registered office add	ness nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS
	<del></del>	lorida
	City	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

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	Vitor Manuel Goncalves De Sousa	1100 Park Central Blvd. South	
		Suite 3300	□ Remove
		Pompano Beach, FL 33064	☐ Change
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			Remove
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record spec	ifies a delayed eff	ective d	ate but no	st an effe	ctive time	a+ 12·0	1 a m /	on the ea	rlier of
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