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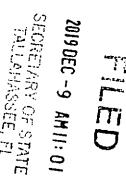
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COVER LETTER

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end ieze.	AXEL HC	OTEL MIAMI, LLC						
SUBJECT: Name of Limited Liability Company								
The enclosed	d Articles of	f Amendment and fee(s) are sul	omitted for filing.					
Please return	all corresp	ondence concerning this matter	to the following:					
		ANDRES E BAZO						
		RASCO KLOCK PEREZ	Name of Person & NIETO, P.L.					
		2555 PONCE DE LEON I	Firm/Company BLVD SUITE 600					
		CORAL GABLES FL 331	Address 34					
		ABAZO@RASCOKLOCK						
			to be used for future annual report not	ification)				
For further in	formation c	oncerning this matter, please ca	all:					
ANDRES BA	AZO		305 4767100 at () ———————————————————————————————					
	Name o	f Person	Area Code Daytin	ne Telephone Number				
Enclosed is a	check for th	ne following amount:						
B \$25.00 Fi	ling 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)				
		ING ADDRESS: ation Section	STREET/COUR Registration Section					

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXEL HOTEL MIAMI, 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 $\frac{05/04/2017}{1}$ and assigned Florida document number 1.17000099704 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 abdressiation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1500 COLLINS AVE Enter new mailing address, if applicable: MIAMI BEACH FL 33139 (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 _ 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 = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action _□ Add _ Remove _□ Change _□ Change _□ Remove _□ Change \square Add _□ Remove _□ Change □ Add _□ Remove

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Filing Fee: \$25.00