## L18000194398

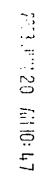
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## **COVER LETTER**

TO: Registration S Division of Co			
THE GRA	AND HOTEL 2546 LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ISNEL LUIS		
		Name of Person	
	THE GRAND HOTEL 25	46 LLC	
		Firm/Company	
	8806 NW 139 TERRACE		
		Address	
	MIAMI, FL 33018		_
	-	City/State and Zip Code	
	E-mail address: (	(to be used for future annual report notification)	
For further information	concerning this matter, please c	all:	
ISNEL LUIS		305 496-7873 at ( )	
Name	of Person	Area Code Daytime Telephone Nu	mber r.
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	0 Filing Fee, ificate of Status & ified Copy ional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	te 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE GRAND HOTEL 2546 LLC

(Name of the Limited Liability Com (A Florida Limite	<u>pany as it now appears on our records.</u> d Liability Company)	)
The Articles of Organization for this Limited Liability Compar	ny were filed on 08/14/2018	and assigned
Florida document number L18000194398		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		- 23
Principal office address MUST BE A STREET ADDRESS)		
		120
Enter new mailing address, if applicable:	<u></u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		1.11
	<u></u>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter t</u> l	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Flor	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, and s provided for in Chapter 605, F.	l I am familiar with and .S. Or, if this document is

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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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is filed.	<u> 20 23</u> .				755 July 20	•
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