# L18000275055

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/30/2021			4457/A   E/ Jb.
ENTITY NAME TUI 730	) TROUVILLE ESPLA	NDE, LLC	~WALK IN
ENTIT IVALL			
DOCUMENT NUMBER_			
	**PLEASE FILE THE	ATTACHED AND RETURN**	
xxxx	Plain Copy		
<del></del>	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts & Certificate of Good Standi		
	**APOSTILLE' / NO	TARIAL CERTIFICATION**	
COUNTRY OF DESTINATI	ON		
NUMBER OF CERTIFICAT	ES REQUESTED		
TOTAL OWED \$25.00		ACCOUNT #: 12016000007	 2
		5.87M	
DO OF		y issues or concerns. Thank you so	

#### **COVER LETTER**

	gistration S vision of Co	Section Orporations		
SHRIBAT.	TUI 7300	TROUVILLE ESPLANADE,	LLC	
SUBJECT:	•	Name of Lis	nited Liability Company	
The enclosed	d Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return	all corresp	ondence concerning this matter	to the following:	
		GRYSKA SOTOLONGO		
			Name of Person	<del>.</del>
		THOMAS G. SHERMAN	, P.A.	
			Firm/Company	
		90 ALMERIA AVENUE		
			Address	
		CORAL GABLES, FL 33	134	
			City/State and Zip Code	<del></del>
		CCONDARCO@GMAIL.		<del></del>
For further in	formation c	e-mail address: (	to be used for future annual report no all:	tification}
Gryska Sotol	ongo		305 448-5898 E	
	<b>N</b> ате с	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for the	ne following amount:		
<b>■</b> \$25.00 F	iling Fee	S30.00 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 Addres		Street Address:	action
-		orporations	Registration Se Division of Co	
=	Box 632		The Centre of	Tallahassee
Tall	ahassee, I	L 32314	2415 N. Monro	oe Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TUI 7300 TROUVILLE ESPLANADE,	LLC	
( <u>Name of the Limited Lis</u> (∧ Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on 11/28/2018	and assigned
Iorida document number 118000275055	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain the words "	'Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
	<u> </u>	
		•
3. If amending the registered agent and/or register	ered office address on our records, <u>enter the</u>	name of the new regis
gent and/or the new registered office address her	<u>'e</u> :	ے.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	Lij
	, Florida	
	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 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	Gregory R. Davis	8600 NW 36th Avenue	
		Miami, FL 33147	□Remove
			□ Change
			□Add
			□Remove
		<del></del>	Change
			□Add
			[]Remove
			□Change
			□Remove
			□Change
			□ Change
			Remove

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	Gregory R. Davis	8600 NW 36th Avenue	
		Miami, FL 33147	□Remove
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ffective date, if other than	the date of filing: (optional)	
an effective date is listed, the date ote: If the date inserted in thi	e must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, his block does not meet the applicable statutory filing requirements, this date will not be listed	.020 •d. a
ocument's effective date on th	he Department of State's records.	, u u,
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record specifies a delayed effe is filed.  June 30		the
is filed.	. 2021	the

Filing Fee: \$25.00