119000135653

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
LUODNE
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COVER LETTER

TO: Registration Section

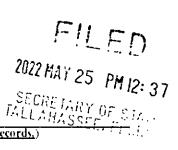
Tallahassee, FL 32314

Div	ision of Cor	porations			
CUDIFCT.	Tru at Mira	emar LLC			
SUBJECT:		Name of Lim	nited Liability Company	-	
The enclosed	l Anicles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Dilip Patel			
			Name of Person		
			Firm/Company		
		1500 SE 5th Ave			
			Address		
		Dania Beach, FL 33004			
			City/State and Zip Code		
		danpatel61@gmail.com			
		E-mail address (to be used for future annual re	port notification)	
For further in	formation c	oncerning this matter, please c	all:		
Dilip Patel			954 336-	9872	
	Name of	Person	at () Area Code	Daytime Telepho	ne Number
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclo		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		Street Add		
	gistration S vision of C	orporations	_	ion Section of Corporation	ns
	Box 632			re of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tru at Miramar 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 Liab	ility Company wer	e filed on May 20, 201	9 and assigned
Florida document number L19000135683			
This amendment is submitted to amend the follows	ing:		
A. If amending name, enter the new name of th	ne limited liability	company here:	
Stonebrook Hotel, LLC			
The new name must be distinguishable and contain the word	ls "Limited Liability C	ompany," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		
	_		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	-)Y)		
maning undress 19711 DE 711 OST OF TICE 180			
B. If amending the registered agent and/or registered agent and/or the new registered office address h		ess on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street a	debress
_			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the registed company has been notified in writing of this change in the registed in writing of this change in the change in the registed in writing of this change in the change	and complete per red agent as prov gistered office add	formance of my dutie ided for in Chapter 6	s, and I am familiar with and 05, F.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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			©Remove
			□Change
			∃Add
			□Change
			
			□Change
			□Add
			□Remove
			□Clange
			□Add
			□Remoxe
			□Cluange
			□Chunus.

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		-				
						
fective date, if other than neffective date is listed, the date inserted in the	is block does no	t meet the applic	able statutory t	or more than 90 d	_ (optional) ays after filing.) P nts. this date wi	ursuant to 605.0207 If not be listed as
cument's effective date on t	e Department of	f State's records.				
ecord specifies a delayed eff is filed.	ective date, but n	not an effective ti	me, at 12:01 a	m, on the earlic	erof: (b) The S	Oth day after the
ted		2022				
			201			
	Signature of	a member or author	orized representa	uive of a member		

Filing Fee: \$25.00