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| (F | Requestor's Name) |
|------------------------|-------------------------|
| | Address) |
| (<i>F</i> | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | MAIL MAIL |
| (E | Business Entity Name) |
| ([| Oocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions t | o Filing Officer: |
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Office Use Only



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R. WHATE

COVER LETTER

Registration Section Division of Corporations

. TO:

| MIRA SO | UTH BEACH LLC | | |
|--|--|--|---|
| JODSECT. | Name of Lin | nited Liability Company | |
| The angloced Amieles of | Anyandayant and foo(s) are sub | animal for films | |
| | Amendment and fee(s) are sub | - | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Irina Roth Neumann | | |
| | | Name of Person | _ |
| | Roth Private Advising La | w | |
| | - | Firm/Company | |
| | 78 SW 7th Street Suite 50 | 0 | |
| • | | Address | |
| | Miami, FL 33130 | | |
| | | City/State and Zip Code | |
| | irina@rothpalaw.com | , | |
| | E-mail address: | to be used for future annual report noti | ification) |
| For further information c | concerning this matter, please o | all: | |
| Irina Roth Neumann | | 305 7988878 | |
| Name o | f Person | at () Area Code Daytim | ne Telephone Number |
| | | | |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing 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) |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I | Section Forporations 17 | Street Address: Registration Seconds of Core The Centre of Tallahassee, FL | rporations Fallahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIRA SOUTH BEACH LLC

(Name of the Limited Liability Company as it now appears on our records.), 1 (1. 8-29)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability | Company w | ere filed on 06 | /04/2019 | and assigned |
|--|---|----------------------------------|-----------------------------------|--|
| Florida document number L19000141600 | · | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lin | nited liabili | ty company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Lin | mited Liability | Company," the d | esignation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADD | ORESS) | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | • | | | |
| | | | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent: | | | | e name of the new registered |
| New Registered Office Address: | - | | - | |
| | | | ida street uddress | |
| | | | Flori | daZip Code |
| New Registered Agent's Signature, if changing Registere | | Ť | | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change. | t and agree complete pe agent as pro red office ac | rformance of a wided for in C | my duties, and hapter 605, F., | I am familiar with and S. Or, if this document is |
| | If Changi | ng Registered Ag | ent, Signature of S | 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 |
|--------------|---------------|---------------------|----------------|
| P | MAHER MURSHED | 500 WELLINGTON ST W | |
| | | STE 1001 | □Remove |
| | | TORONTO, ONTARIO CA | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
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| | | | □Change |

| Effec | tive date, if other than the date of filing: |
|--------|--|
| docur | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records. |
| the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | April 16 |
| | <u> </u> |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00