LZ0000275932

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COVER LETTER

TO:	Registration S Division of Co		*					
CHD IEZ		IDIAN AVENUE HOTEL LLC		· ·				
SUBJECT:								
The encl	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all corresp	ondence concerning this matter	to the following:					
		GERMAN D. SIMCOVIC	н					
			Name of Person					
		751 MERIDIAN AVENUI	EHOTEL LLC					
			Firm/Company					
		751 MERIDIAN AVENUI	÷					
			Address					
		MIAMI BEACH, FL. 331.	39					
		HELLO@SIMCOVICHWI	City/State and Zip Code					
			to be used for future annual report no	tification)				
For furth	ner information	concerning this matter, please c	all:					
GERMAN D. SIMCOVICH		786 5479376						
Name of Person			at () Area Code Dayti	me Telephone Number				
Enclosed	d is a check for	the following amount:						
■ \$2 5.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Addre Registration		Street Address: Registration S	ection				
	Division of O	Corporations	Division of Corporations					
	P.O. Box 63	27	The Centre of	Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12:00 -0 70 7:31

751 MERIDIAN AVENUE HOTEL LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number 1.20000275932	my were filed on 09/03/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	"" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Devices and Office Address		
New Registered Office Address:	Enter Florida street addre	
	F	lorida
	City	lorida 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 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:

and the second

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address $-2:0:=7:20$	Type of Action
MGR	SIMCOVICH & WHALEN LLC	7610 HARDING AVE	🖹 Add
		OFFICE	
		MIAMEBEACH, FL. 33141	_
MGR	CASITA STAYS LLC	751 MERIDIAN AVE	□Add
		MIAMI BEACH, FL. 33139	=Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
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ective date, if other than the doneffective date is listed, the date must lete: If the date inserted in this blockument's effective date on the Dep	e specific and k does not n	cannot be p	rior to date plicable st	of filing or atutory fili	more than	90 days a	otional fler tilin this dat	g.) Pursua	unt to 605.020 of be listed a
cord specifies a delayed effective s filed.	date, but not	an effectiv	e time, at	12:01 a.m	. on the ϵ	arlier of	(b) T	he 90th	day after th
OCTOBER 2nd		2020			<u> </u>				
			 -		1				

Filing Fee: \$25.00

Typed or printed name of signee