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COVER LETTER

TO: Registration Section **Division of Corporations** QUEENS HOSPITALITY MIAMI BEACH LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT SALINAS Name of Person REALITY CHECK BUSINESS SOLUTIONS LLC Firm/Company 5301 TAYLOR ST Address HOLLYWOOD, FL 33021 City/State and Zip Code rsalinas@rcbs.biz E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT SALINAS 786 338-9000 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & **■** \$25.00 Filing Fee □ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

QUEENS HOSPITALITY MIAM	I BEACH LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited I. Florida document number 1.20000279745 This amendment is submitted to amend the following the submitted to amend the submitted the submitted to amend the submitted the su	·	were filed on09/15/203	and assigned		
A. If amending name, enter the new name of	Č	lity company bara			
A. It amending name, enter the new name of	i the iimited habi	mty company nere:			
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applie	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
		·			
Enter new mailing address, if applicable:		1001 COLLINS AVE			
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI BEACH, FL 33139			
					
B. If amending the registered agent and/or agent and/or the new registered office addre		ddress on our records,	enter the name of the new registere		
Name of New Registered Agent:	ROBERT SALI	NAS			
New Registered Office Address:	5301 TAYLOR	ST	·		
		Enter Florida stree	t address 2		
	HOLLYWOOD		, Florida 33021 📴		
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Code		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre ver and complete istered agent as p registered office	performance of my dui rovided for in Chapter	ies, and I am Jamilianwith and 605, F.S. Or inhis Ro cument 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
AMBR	VISO, CHRISTOPHER	1241 !4th St	□ Add
		#3	≡ Remove
		MIAMI, FL 33139	□Change
MGR	VISO, CHRISTOPHER	1241 14th ST	
-		#3	■Remove
		MIAMI, FL 33139	
AMBR	SCHNEIDER, CHARLES	910 WEST AVE. APT 1100	⊒ Add
<u>-</u>		MIAMI BEACH, FL 33139	□Remove
			□Add
			□Remove
			□Change
<u></u>			
			□Remove
			□ Change
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	the date of filing	:	of filing or more than 90 da	(optional)	
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