Division of Corporations

Page: 2 of 5

2021-08-24 11.41:37 CST

19542080845

From: Ranae McGraw

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 : (614)280-3338 Fax Number : (954)203-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CL HOTELS, LLC

Certificate of Status	0
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Page: 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

CL HOTEL	S, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	iv as it now appears on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000302797}{L21000302797}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		53 =
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		P
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		20 0
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the r	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cu,	2.19 C O.W.
I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lo provided for in Chapter 605, F.S.	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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## 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	SAB Capital Ventures, LLC	3363 NE 163rd Street, Suite 601	■Add
		North Miami Beach, Florida 33160	□ Кеточе
			□ Change
MMRG	Joan Woiler	3363 NE 163rd Street, Suite 601	□ Add
		North Miami Beach, Florida 33160	■Remove
			□Change
	•		□Add
			□Remove
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	PR
	981 <u>.</u>
	9
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more the ote; If the date inserted in this block does not meet the applicable statutory filing requestment's effective date on the Department of State's records.	(optional) nan 90 days after filing.) Pursuant to 605.020 puirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th Lis filed	ne earlier of: (b) The 90th day after th
ated August 23 2021	,
/s/Guy Martin	+
/s/Guy Martin	ui,
	and a second second