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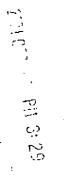
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## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
	y Holdings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return ail corres	pondence concerning this matter	to the following:	
	Michael Schreibstein		
		Name of Person	
	Offit Kurman		
	·	Firm/Company	<del></del>
	8850 Stanford Boulevard,	Suite 2900	
		Address	
	Columbia, Maryland 2104	5	
	mschreibstein@offitkurmar	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information	concerning this matter, please e	ail:	
Michael Schreibstein		301 575-0314	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cutler Bay Holdings, 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 Liability Company were filed on July 7, 2021	and assigned
Florida document number L21000310726	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
1. Cutler Bay Lodging, LLC	
The new name must be distinguishable and contain the words "Limited Liability 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)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, enter the naingent and/or the new registered office address here:	ne of the new register
Name of New Registered Agent:	
New Registered Office Address:	: 1
Enter Florida street address	
	<u> </u>
	Zin Code
New Registered Agent's Signature if changing Degistered Acoust	24.00.00

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 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
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Change
			□Adđ
			□Remove
			□Change

. If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
Note:	tive date, if other than the date of filing:
he reco ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	Signature of a magner of authorized representative of a member
	Chirag B. Desai Typed or printed name of signce