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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUDIECT.	HOTEL M	IAMI BEST LLC		
SUBJECT:	Name of Lim	ited Liability Company	_	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James Gagel, Esq			
		Name of Person		
	JG LAW PLLC			
		Firm/Company		
	2525 Ponce de Leon Byld.	2525 Ponce de Leon Byld. Suite 300		
				
		City/State and Zip Code		
	Coral Gables FL 33034			
	E-mail address: (to be used for future annual report notification)		
For further information of	concerning this matter, please c	aff:		
James Gagel		305 444-7775		
Name o	f Person	at () Area Code Daytime Telephone Nun	73 (5) (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, action of Status & Ged Copy onal copy is enclosed)	
Mailing Address Registration 3 Division of C	Section	Street Address: Registration Section Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOTEL MIAM	LBEST LLC	
(Name of the Limited Liability Compar (A Florida Limited I.	iv as it now appears on our records lability Company)	<u>r)</u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000393394</u>	were filed on 09/02/2021	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 and Contain the words".	ty 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)		1 53
		- a - a - a - a - a - a - a - a - a - a
Enter new mailing address, if applicable:		_
(Mailing address MAY BE A POST OFFICE BOX)		· co
Maning and ess MAT DE AT OUT THE BOXY		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter	the name of the new registered
New Registered Office Address:	Enter Florida street address	<u> </u>
 .	, Flo	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree 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, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this document 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>	Name	Address	Type of Action
CEO	Fernando E Navarro Garcia	2527 SW 8TH ST MIAMI, FL 33135	□Add
			■Remove
			□Change
CEO	Luis E Navarro Garcia	2527 SW 8TH ST MIAMI, FL 33135	≡ Add
			□Remove
			□Change
			□Add
			Remove
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D. II amending at	y other information	i, enter change(s) h	ere: (Altach add	itional sh eets, if	necessary.)		
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E. Effective date,	if other than the du is listed, the dute must be	te of filing:	rice to date of filing o	(0	ptional)	m 605 0202 (23/h)	
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record is filed.							
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