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2022 MAR -2 PM 1: 13 SECRETARY OF STATE

A. BUTLER MAR 1 1 2022

COVER LETTER

	Registration Se Division of Co			
SUBJEC	Cuban P'S	Beach Cottage Getaway, LLC		
SUBJEC		Name of Lin	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Mario W. Pino		
			Name of Person	
			Firm/Company	
		9740 SW 3rd Street		
			Address	
		Miami, Florida 33174		
			City/State and Zip Code	
		mary@maxvalueins.com E-mail address: (to be used for future annual report notifica	tion)
For furthe	er information c	oncerning this matter, please c	·	,,,,,,,,
Mario W	. Pino		305 606-3919	
	Name o	f Person		elephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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)
F	Mailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C		Division of Corpor	rations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

CUBAN P'S BEACH COTTAGE GETAWAY, LLC

2022 MAR -2 PM 1: 13

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SEURE IARY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on 12/14/2021 Florida document number <u>L21000</u>527050 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cuban Ps' Beach Cottage Getaway, 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _ Citv

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mario W. Pino	9740 SW 3rd St, Miami, FI 33174	□ Add
			□Remove
			■Change
MGR	Nadina M. Martinez-Pino	9740 SW 3rd St, Miami, FI 33174	= Add
			□Remove
			□Change
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	han the date of filing: date must be specific and cannot not this block does not meet the on the Department of State's	ot be prior to dat he applicable :	c of filing or mor	ore than 90 days	after filing.) Pur	rsuant to 605,0207 I not be listed as
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Dated February 24	200	22				
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	Signature of a member					

Filing Fee: \$25.00