L21000528824

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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SECRETARY OF STATE
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A. RIVERS

JUL - 9 2023

COVER LETTER

TO:

Registration Section

rporations			
ners Portfolio Hotel.Retail, LLC			
Name of Lim	ited Liability Company		
CAmandanast and facts) are sub-	mittad for filing		
ondence concerning this matter	to the following:		
John Fioretti			
	Name of Person		
National Realty Investmen	t Advisors		
	Firm/Company		
1 Harmon Plaza, Fl 9			
	Address		
Secaucus, NJ 07094			
* · · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
jtīoretti@nria.net			
E-mail address: (to be used for future annual	report notificatio	n)
concerning this matter, please c	all:		
		3-3188	
of Person	Area Code	Daytime Tele	phone Number
the following amount:			
☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			ı
Corporations	Divisio	n of Corpora	tions
	Name of Lim If Amendment and fee(s) are subsondence concerning this matter John Fioretti National Realty Investmen 1 Harmon Plaza, F19 Secaucus, NJ 07094 jtioretti@nria.net E-mail address: (concerning this matter, please concerning this matter.	Name of Limited Liability Company If Amendment and fee(s) are submitted for filing, condence concerning this matter to the following: John Fioretti Name of Person National Realty Investment Advisors Firm/Company I Harmon Plaza, F1 9 Address Secaucus, NJ 07094 City/State and Zip Code jfioretti@nria.net E-mail address: (to be used for future annual concerning this matter, please call: of Person at () 908 96: at () 908 96: Certificate of Status Certified Copy (additional copy is ence the Corporations Corporations Divisio The Ce	Name of Limited Liability Company If Amendment and fee(s) are submitted for filing, sondence concerning this matter to the following: John Fioretti Name of Person National Realty Investment Advisors Firm/Company 1 Harmon Plaza, F19 Address Secaucus, NJ 07094 City/State and Zip Code jfloretti@nria.net E-mail address: (to be used for future annual report notification concerning this matter, please call: Area Code Daytime Tele the following amount: Signature S

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linh)	ility Company as it now appears or ida Limited Liability Company)	n our records.)	
(A Flore	ida Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on $\frac{12/15/}{}$	<u>'20</u> 21	and assigned
Florida document number L21000528824	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	mited liability company here:	:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the desig	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADE	ORESS)		
Enter new mailing address, if applicable:			.
Muiling address MAY BE A POST OFFICE BOX)			
		TAL	2028
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	·
B. If amending the registered agent and/or register		ords, enter the name	of the new registe
agent and/or the new registered office address here	:	SSE	,
		mc.	
Name of New Registered Agent:			y C
		<u> </u>	ပ္
Now Pagistarad Office Address			, C
New Registered Office Address:	Enter Florida	street address	· O
New Registered Office Address:	Enter Florida		· C

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>	<u>Address</u>	Type of Action
MGR Rey Grabato	Rey Grabato	1 Harmon Plaza	
		Secaucus, NJ 07094	■Remove
			□Change
MGR John Fioretti	John Fioretti	1 Harmon Plaza, 9th Floor	≣ Add
		Secaucus, NJ 07094	□Remove
			□Change
			□Add
			□ Remove
			□Change
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Note:	tive date, if other than the date of filing:
docur	
ie reco	ord 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 filed.
ie reco ord is f	December 28 2022
e reco rd is f	December 28
ie reco	December 28 2022

Filing Fee: \$25.00