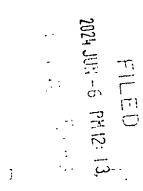
# L23000499629

<del></del> -	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE JUN - 7 2024





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### WALK IN

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 JUN -6 PM 12: 12

NH MIAMI LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our rec da Limited Liability Company)	ords.)
.  The Articles of Organization for this Limited Liability	Company were filed on 11/02/2023	and assigned
lorida document number L23000499629	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	mited liability company here:	
IH Aventura LLC		
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
TREESING BOOK CON PARTY DES (11 OC)		
<ol> <li>If amending the registered agent and/or register gent and/or the new registered office address here</li> </ol>		ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	City	Zip Code

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 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	THOMAS PHILLIPS	8033 W SUNSET BLVD., #1148	
		LOS ANGELES, CA 90046	■Remove
			□Change
MGR	NH SOUTH FLORIDA Corporation	936 SW 1st Avenue Suite 440,	■Add
		Miami, FL 33130	□ Remove
			☐ Change
			□Add
			□Remove
			☐ Change
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Dated June 5th , 2024.  Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	Dated _	June 5th, 2024.
Signature of a member of authorized representative of a member		- Willies
		Sinds as Samuel and any state of a marriage

Filing Fee: \$25.00