# 124000153695



| (Requestor's Name)                      |
|---|
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| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Divisio               | on of Corpor   | ations   |                      |  |               |                  |   |
|-----------------------|----------------|--|----------------------|--|---------------|------------------|---|
| SUBJECT:              | CORE           | HO TELS  | MIAM                 | BE                                       | tcH           | LLC              | _   |
|                       |                | Name of  | Limited Liability C  | Сотрапу                                  |               |                  |   |
|                       |                |  |                      |  |               |                  |   |
| The enclosed Ar       | rticles of Am  | endment and fee(s) are                         | submitted for fili   | ng.                                      |               |                  |   |
| Please return all     | corresponde    | nce concerning this ma                         | atter to the followi | ino:                                     |               |                  |   |
|                       | Tottopolius    |  | 10 1110 10110 171    | ····g.                                   |               |                  |   |
|                       |                | NOAH   | CANGL                |  |               |                  |   |
|                       | -              | <u></u>  | Name o               | Person                                   |               | ,-               | _   |
|                       |                | *8PLE  | CORE                 | HUL                                      | -0106         | <u> </u>         |   |
|                       | •              |  | COPE<br>Firm/C       | ompany                                   |               |                  | <del>_</del>  |
|                       |                | 247 W  |                      |  |               |                  |   |
|                       | -              |  | Add                  | iress                                    |               |                  | _   |
|                       |                | NEW YOU NORTH E-mail address                   | ex,                  | 25                                       | 100           | 001              |   |
|                       | •              |  | City/State ar        | nd Zip Code                              |               |                  | <del></del>   |
|                       | _              | nonhear  | plecore              | hold!                                    | ~9 s . c      | · ~              | _   |
|                       |                |  |                      | uture annua                              | report notifi | cation)          |   |
| For further infor     | mation conce   | erning this matter, plea                       | se call:             |  |               |                  |   |
| ELAN                  | SPA            | NJER   | at (                 | 104                                      | 668           | 5-991            | 3   |
|                       | Name of Per    | rson   | Arc                  | ea Code                                  | Daytime       | Telephone Nun    | iber  |
| Enclosed is a ch      | eck for the fo | ollowing amount:                               |                      |  |               |                  |   |
| 4                     |                | *  | □ <b>¢</b> ss 00     | Cilina Coa                               | 0.            | □ <b>s</b> (0.00 | Pillar Far  |
| <b>363</b> 23.00 Film | ig ree         | □ \$30.00 Filing Fee &<br>Certificate of Statu | s Certifi            | Filing Fee<br>ied Copy<br>nal copy is en |               | Certif<br>Certif | Filing Fee, icate of Status & Ted Copy onal copy is enclosed; |
|                       |                |  |                      |  |               |                  |   |

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | GORE   | HOSELG                                  | MIAMI   | BEAUH                                     | LC                                      |                         |
|---|--|---|---|---|---|-------------------------|
|   |  | (Name of the Limit                      | ed Liability Comp<br>(A Florida Limited                 | any as it now appea<br>Liability Company) | rs on our records.)                     | <del></del>             |
|   |  | or this Limited Li<br>2406018           |   | were filed on                             | 04/18/221                               | and assigned            |
|   |  | to amend the follo                      |   |   |   |                         |
| A. If amendi                                      | ng name, <u>enter</u>                                  | the new name of                         | the limited liah  | oility company h                          | <u>ere</u> :                            |                         |
| CORE  | RESTAL   | RANTS M                                 | HAMI B  | SACH LL                                   | c                                       |                         |
| The new name in                                   | ust be distinguisha                                    | ble and contain the w                   | ords "Limited Liab                                      | lity Company," the                        | designation "LLC" or the                | abbreviation "L.L.C."   |
| Enter new pr                                      | incipal offices a                                      | iddress, if applica                     | able:   |   |   |                         |
| (Principal off.                                   | ice address MU   | ST BE A STREE                           | T ADDRESS)  |   |   | -                       |
|   |  |   |   |   |   |                         |
|   |  |   |   |   |   | _                       |
| Enter new ma                                      | ailing address,  | if applicable:                          |   |   |   |                         |
| (Mailing addr                                     | ess MAY BE A   | POST OFFICE I                           | BOX)  |   |   |                         |
|   |  |   | <del></del>   |   |   |                         |
|   |  |   |   |   |   |                         |
|   |  | d agent and/or re<br>red office addres  |   | address on our i                          | records, <u>enter the na</u>            | me of the new registere |
| agent units                                       | the new registe  | rea office address                      | s itere.  |   |   |                         |
| Nam   | e of New Regist  | ered Agent                              |   |   |   |                         |
|   |  | <del>-</del>                            |   |   |   |                         |
| <u>New</u>  | Registered Offi  | <u>ce Address</u> :                     |   | Enter Flo                                 | orida street address                    |                         |
|   |  |   |   |   | • |                         |
|   |  |   |   | City                                      | Florida _                               | Zip Code                |
| New Registere                                     | d Agent's Signa  | ture, if changing R                     | Registered Agent  | <u>.</u>                                  |   |                         |
| provisions of<br>accept the ob-<br>being filed to | all statutes rela<br>ligations of my<br>merely reflect | ative to the prope<br>position as regis | er and complete<br>stered agent as<br>registered office | performance of provided for in (          | f my duties, and I an                   | r, 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 |
|--------------|-------------|-------------|----------------|
|              | <del></del> | <del></del> | □Add           |
|              |             |             | □Remove        |
|              |             |             | □Change        |
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|              |             |             | □Remove        |
|              |             |             | Change         |

## Page 2 of 3

| l'an e:<br><mark>Note:</mark> | tive date, if other than the date of filing:  | 0207 (3)(b)<br>d as the |
|-------------------------------|---|-------------------------|
|                               | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied e 90th day after the record is filed. | r of:                   |
|                               | OUTOBER 24TH 2024   |                         |
| Datec                         | ·   |                         |
| Datec                         |   |                         |
| Datec                         | Signature of a member or authorized representative of a member  |                         |

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Filing Fee: \$25.00