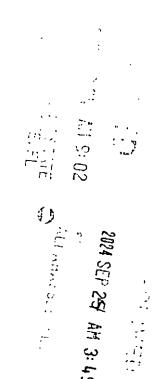
L24000 323789

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (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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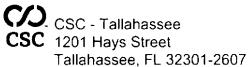
Office Use Only



200435148332



24/24



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 09/24/24 Order #: 1630041-1

Re: Miami Wh Hotel, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number: 12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

| TO: Registration Se Division of Con | | | |
|----------------------------------------|-----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| MIAMI W | H HOTEL, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Mariana Lopes Marangoni | i | |
| | | Name of Person | ··· |
| | RC Law LLP | | |
| | | Firm/Company | |
| | 1101 Brickell Ave Suite N | 1400 | |
| | | Address | |
| | Miami, Florida 33131 | | |
| | | City/State and Zip Code | |
| | mariana.marangoini@relaw E-mail address: (| vus.com to be used for future annual report not | ification) |
| For further information of | concerning this matter, please c | | |
| Mariana Lopes Marango | oni | 786 786-598-80 | 07 |
| Name o | of Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| ■ \$25.00 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) |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Se | ection |
| Division of C | Corporations | Division of Co | rporations |
| P.O. Box 633 |) ⁽ / | The Centre of ' | Lallahassee |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MIAMI WH HOTEL, LLC | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited l | my as it now appears on our rec Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000323789</u> | were filed on 07/23/2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "I | 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: | | 9 |
| (Mailing address MAY BE A POST OFFICE BOX) | | H14. 🚉 15 |
| | | 7: 0 |
| | | (1) (2) |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>en</u> | ter the name of the new registere |
| 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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change. | e performance of my duties provided for in Chapter 60 | s, and I am familiar with and 05, F.S. Or, if this document is |
| If Cha | nging Registered Agent, Signati | ire 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 |
|---------------------|------|----------------------------------|----------------|
| AP Patricia Cereijo | | 1101 BRICKELL AVENUE, STE. N1400 | ≣ Add |
| | | MIAMI, FL 33131 | []Remove |
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| etive date, if other than the date of filing: frective date is listed, the date must be specific and cannot be p If the date inserted in this block does not meet the ap ment's effective date on the Department of State's reco | orior to date of filing or plicable statutory fil | more than 90 days after ing requirements, the | ional) er filing.) l is date w | Pursuant to 605.0? vill not be listed |
| ord specifies a delayed effective date, but not an effective filed. | ve time, at 12:01 a.n | n, on the earlier of: (| b) The | 90th day after t |
| September 23 , 2024 | the | | | |
| | | | | |

AMEND-17800

Filing Fee: \$25.00