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SECRETARY OF STATE

COVER LETTER

TO;

TO;	Registration S Division of Co			•	
CODUCET.			GE HOTEL LC		
			ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			ALEX ORTIZ, CPA		
		SUAREZ, CE	BALLOS, ORTIZ & VEG	iA. CPA'S	
		Firm/Company			
3		54 SEVILLA AVENUE			
CORAL GABLES, FL 33134					
City/State and Zip Code					
	ALEX@SCOVCPAS.COM E-mail address: (to be used for future annual report notification)				
For fur	ther information	concerning this matter, please c	ail:		
		LEX ORTIZ	at (305)	448 5255	
	Name o	of Person	Area Code & Daj	time Telephone Number	
Enclos	ed 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 enclo	\$60.00 Filing Fee, Certificate of Status & Osed) Certified Copy (additional copy is enclosed)	
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g : Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLARIDGE HOTEL LC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(Trional Emilion Empliny)
The Articles of Organization for this Limited Liability Company were filed on and assigned
Florida document numberL9800000271
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with 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:
registered agent and/or the new registered office address here.
Nome of New Posistanad Acousts
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address =
, Florida Cont N The Cont N
City Zip Code.
New Registered Agent's Signature, if changing Registered Agent:
RA :
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

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Title **Name** Address Type of Action MGR ALCOTT LIMITED 3500 COLLINS AVENUE MIAMLBEACH_EL 33140 Remove ALCOTT LIMITED MENBER. 3500 COLLINS AVENUE ✓ Add MIAMI BEACH FL 33140 Remove MGR WESTMORE LIMITED 3500 COLLINS AVENUE $\prod Add$ MIAMI BEACH, FL 33140 Remove WESTMORE LIMITED MEMBER 3500 COLLINS AVENUE **√** Add MIAMI BEACH EL 33140. Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) GENTELMEN: THE ONLY CHANGE WE WANT TO DO IS TO CHANGE BOTH ALCOTT LIMITED AND WESTMORE LIMITED FROM MANAGERS TO MEMBERS ONLY. MANUEL SABIDO WILL BE HELD AS THE ONLY MGRM NOVEMBER, 19 Dated_ Signature of a member or authorized representative of a member MANUEL SABIDO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00