## P6660669436

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SOUTH BEACH	HOTELS LINC.						
DOCUMENT NUMBER: P00000069436							
The enclosed Articles of Amendment and fee are st	ibmitted for filing.						
Please return all correspondence concerning this ma	utter to the following:						
	ALICIA GARCIA						
<del></del>	Name of Contact Person						
SC	SOUTH BEACH HOTELS I. INC.						
-	Firm/ Company						
555	555 NE 15th STREET SUITE 100						
<del></del>	Address						
	MIAMI, FLORIDA 33132						
	City/ State and Zip Code						
AG:	ARCIA@PEGASOCORP.COM						
	sed for future annual report notification)						
For further information concerning this matter, plea							
Name of Contact Person	at ()						
Name of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made	payable to the Florida Department of State:						
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)						
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810						

Tallahassee, Fl. 32303

## Articles of Amendment to Articles of Incorporation of



of 2021 APR -1 AM 11: 07 SOUTH BEACH HOTELS I, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

State State
TALLAHASSEE, FL P00000069436 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., " "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent -(Florida street address) New Registered Office Address: Florida New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

\_\_\_\_ Add

Please note the officer/director title by the first letter of the office title.

 $P = President; \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the F. There is a change, Mike Jones leaves the corporation, Sally Smith is named the F and S. These should be noted as John Doe, PT as a Change, Mike Jones, F as Remove, and Sally Smith, SV as an Add.

## Example: X Change John Doe PT X Remove <u>V</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Type of Action <u>Title</u> Name 1 Address (Check One) 1) X Change Francisco M Martinez-Miyashiki 555 NE 15th Street Suite 100 Miami, FI 33132 \_\_\_\_ Add \_\_ Remove Francisco Martinez-Celeiro 555 NE 15th Street Suite 100 \_\_ Change Miami, Fl 33132 \_\_\_\_ Add \_ Remove 3 ) \_\_\_\_ Change \_\_\_\_ Add \_\_\_ Remove 4) \_\_\_\_ Change \_\_\_\_ Add \_\_ Remove 5) \_\_\_\_ Change \_\_\_ Add \_\_\_\_ Remove 6) \_\_\_\_ Change

	neets, if necessary).	(Be specific)			
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If an amendment provisions for imp	rovides for an exch lementing the ame	hange, reclassificate	tion, or cancellati	on of issued share:	<u>s.</u>
(if not applicab	le, indicate NA)		tanica mentani		
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. 03/22/2021	
The date of each amendment(s) adoption:date this document was signed.	if other than the
Effective date if applicable:	
(no more than 96	days after amendment file date)
Note: If the date inserted in this block does not meet the application document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or b action was not required.	oard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to v	ugh voting groups. The following statement of separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were	e sufficient for approval
by	
(voting group)	
DatedSignature	
(By a director, president of other office selected, by an incorporator – if in the appointed fiduciary by that fiduciary)	r – if directors or officers have not been hands of a receiver, trustee, or other court
Franicisco M Martinez-Miyasł	iiki
(Typed or printed na	ame of person signing)
President	
(Title of person sign	ing)