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SECRETARY OF STATE

D. BRUCE

MAY 07 2008

EXAMINER

COVER LETTER

	stration Section ion of Corporations		
	Disas I amana di bana kakan di 17	•	
SUBJECT:	Blue Lagoon Hospitality, LLC		
31	(Name of	Limited Liability Company)	
The enclosed	Articles of Amendment and fee(s) are	e submitted for filing	
i de la companya de l		_	
Please return a	all correspondence concerning this ma	atter to the following:	
li .			
	Sally A. Stone, Es	squire	
	oung 11 otomo, Et	(Name of Person)	
	Richard B. Schrei	ibstein, LLC	<u>. </u>
		(Firm/Company)	TAS O
			SECKET
	10480 Little Patu	xent Parkway, Suite 800	
		(Address)	ASS ASS
	Columbia, Maryla	and 21044	
4.5	Oblambia, Wai yie	(City/State and Zip Code)	
		, ,	II: 30 STATE FLORID
For further info	ormation concerning this matter, plea	ase call:	D.F. O
ka di kacamatan di k Kacamatan di kacamatan di kacama	71		
Sally A. St	one, Esquire	at (443) 276-1818	
The second secon	(Name of Person)	(Area Code & Daytime Telephone	Number)
1			
i de la companya di salah di s	t 1 C 4 C 11 .		
<u> 4.44 </u>	check for the following amount:		
√ \$25.00 Fili			0.00 Filing Fee,
	Certificate of Statu		ertificate of Status & ertified Copy
			idditional copy is enclosed)
·,	MAILING ADDRESS:	STREET/COURIER ADDR	ESS:
	Registration Section	Registration Section	
10 m m m m m m m m m m m m m m m m m m m	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
1-1-1-1	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I-Drive Hotel Associates, I				
(Name of the Limite	d Liability Company as it now A Florida Limited Liability Cor	repears on our records.)	TAS	8
: The Articles of Organization for this Limited 1	Liability Company were filed	ол <u>February 1, 2008</u>	and essign	a = 1
Florida document number <u>L08000011662</u>	·•		TASS	-6 -
This amendment is submitted to amend the fo	llowing:		Y OF ST.	AH =: 30
A. If amending name, enter the new name	of the limited liability comp	any here:	ORID.	30
Blue Lagoon Hospitality, LLC			<i>-</i>	
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability	≀ Company," the designation "L	LC" or the abbr	eviation
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office addre office address here:	SB OA our records, <u>enser f</u>	<u>be name of th</u>	le new
: ·	-			
Name of New Registered Agent:	Chirag Desai	<u> </u>		
New Registered Office Address:	3959 NW 79th Aven	ue		
	(Enter Florida street address)			
·	Miami	, Florida 3	3155	
	(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 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 Changing Registered Agent, Signature of New Ragistered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR Manager AGRM'= Managing Member Type of Action Name **Address** ☐ Add Remove ☐ Add Remove Add Remove Remove \Box Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) New Principal Office Address: 3959 NW 79th Avenue Miami, Florida 33155

Signature of a metaber or authorized representative of a member

ANIT PATEZ

April 28

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00