## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Fax Number : (850)878-\$368

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

B.R. GUEST ST. PETE, LLC

Certificate of Status	0
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Corporate Filing Menu

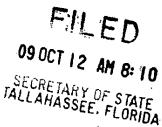
Hill State of George

https://efile.sunbiz.org/scripts/efilcovr.exe

10/12/2009

OCT 13 2nng

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	B.R. Guest St. Pete, LLC	-под
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orda Limited Liability Company)	
	ility Company were filed on Jane 23, 2009	and assigned
Flurida document number 1090006130	01	
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	ne limited liability company hore:	
The new name must be distinguishable and end with the L.L.C."	he words "Limited Liability Company," the designation "	LC" or the abbreviation
Enter new principal offices address, if applicable	le:	<del> </del>
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO		
	· · · · · · · · · · · · · · · · · · ·	. It is an emphasize a second as
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter (</u> <u>e address here</u> :	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street ad	duning
	, Florida	•
• • • •	(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 filled 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 Registered Agent)

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

## MGR = Manager MGRM = Managing Member

. ....

Title	Name	Address	Type of Action
MGRM	B.R. Guest Holdings Parent, LLC	206 Spring Street	<b>¤</b> [] Add
		New York, NY 10012	Remove
MGRM	B.R. Guest Parent Holdings, LLC	206 Spring Street	Add
		New York, NY 10012	Remove
	*19		D Add Remove
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			Remove
·		. 75-12-1	
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<del></del>		(2000)	
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if neces.	sary.)
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	4000	,	12 AM
Dated Octobe	er 7	·	
	/S/ Mitiam Blomur, authori	·	2 M 8: 10
	<del>-</del>	er or authorized representative of a member	A A
	Miriam Blemur Type	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00