

L10000064320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

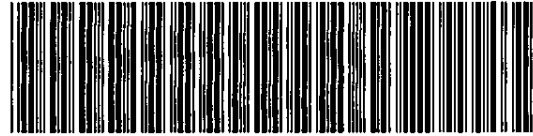
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400211801834

09/09/11--01018--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11 SEP 16 PM 2:49

FILED

J. BRYAN
SEP 19 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNNY PLAMS HOTEL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL A JACOBSON
Name of Person
DANIEL A JACOBSON, PA
Firm/Company
901 S FEDERAL HIGHWAY, SUITE 201
Address
FORT LAUDERDALE, FL 33316
City/State and Zip Code
DAN@LEXANTTITLE.COM
E-mail address: (to be used for future annual report notification)

FILED
11 SEP 16 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAN JACOBSON at (954) 467-3191
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2011

DANIEL A JACOBSON
DANIEL A JACOBSON, PA
901 S FEDERAL HIGHWAY, SUITE 201
FORT LAUDERDALE, FL 33316

SUBJECT: SUNNY PALMS HOTEL, LLC
Ref. Number: L10000064320

FILED
13 SEP 16 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SUNNY PALMS HOTEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 211A00021028

Daniel A. Jacobson, P.A.

September 16, 2011

Joey Bryan
Regulatory Specialist II
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
11 SEP 16 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Sunny Palms Hotel, LLC
Ref Number: L10000064320
Letter Number 211A00021028

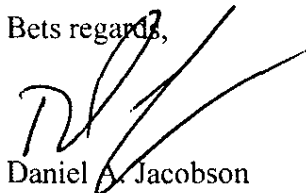
Dear Mr. Bryan:

This office represents The Aqua Hotel, LLC as well as the manager and all of the principals of that company. The entity was formed on August 26, 2011 and assigned document number L11000098239. The Aqua Hotel, LLC was dissolved by Articles of Dissolution filed on August 29, 2011.

The principals of that entity have no intention of revoking the dissolution and therefore, release the name for use to another entity.

Please feel free to contact me should you have any further questions.

Bets regards,



Daniel A. Jacobson

Palm Beach

301 West Atlantic Avenue . Suite 1
Delray Beach, Florida 33444
Tel. 561 278 0044 Fax 561 278 6070

Broward

901 South Federal Highway . Suite 201
Ft. Lauderdale, Florida 33316
Tel. 954 467 2101 Fax 954 467 6244

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNNY PALMS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JUNE 16, 2010 and assigned Florida document number L10000064320.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE AQUA HOTEL, LLC

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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 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 Registered Agent

FILED
11 SEP 16 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

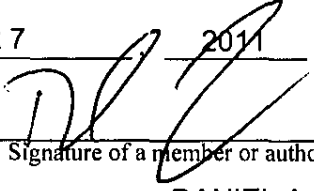
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 SEP 16 PM 2:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated SEPTEMBER 7 2011


 Signature of a member or authorized representative of a member

DANIEL A JACOBSON

Typed or printed name of signee