

L10000064320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

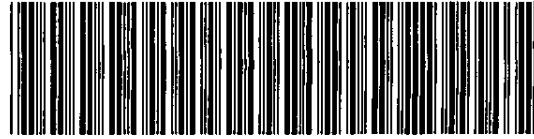
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Daniel A. Jacobson, P.A.

①

February 20, 2012

Via Federal Express

Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document Number: L10000064320

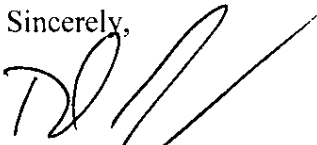
Dear Gentlemen:

This office represents The Aqua Hotel, LLC. Enclosed herewith, please find Articles of Amendment to Articles of Organization for the referenced entity thereby changing its name to Sunny Palms Hotel, LLC.

The principals, manager and members of this entity release the name "The Aqua Hotel, LLC" for use by another entity.

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

Sincerely,



Daniel A. Jacobson

Encl.

**Palm Beach**

301 West Atlantic Avenue . Suite 1  
Delray Beach, Florida 33444  
Tel. 561.378.0044 Fax 561.378.6070

**Broward**

901 South Federal Highway . Suite 201  
Ft. Lauderdale, Florida 33316  
Tel. 954.467.2101 Fax 954.467.6244

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Aqua 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, P.A.  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

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

The Aqua Hotel, 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:**

Sunny Palms 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)**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**

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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

Dated February 20, 2012

*[Handwritten Signature]*

Signature of a member or authorized representative of a member

Daniel A. Johnson

Typed or printed name of signee