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Salety Business LLC Salety Tax & Bookkeeping 6220 S. Oth Ste. 604 Onlando, FL. 32809 (City/State/Zip/Phone #)	- -				
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SECRETARY OF STATE

J. BRYAN

MAY 27 2011

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POLYNESIAN INN AND SUITES LLC

(Name of the Limite	A Florida Limited Li	ability Company)	on our records.)	
The Articles of Organization for this Limited Florida document numberL1100000	· · ·	were filed on	01/04/2011	and assigned
This amendment is submitted to amend the fold. A. If amending name, enter the new name.	J	lity company here	:	ALASSE ALASSE
COPACA	ABANA BEACH	INN & SUITES	LLC	7. T. C.
The new name must be distinguishable and end w "L.L.C."	ith the words "Limit	ed Liability Compan	y," the designation "L	LC" or the am owation
Enter new principal offices address, if appli				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: New Registered Office Address:	/or registered offi office address here: N/A N/A	Ente	r records, <u>enter th</u> r Florida street addr	ess
		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>	Address	Type of Action			
			Add Remove			
			Add Remove			
			TEST TEST			
			SECONDONION OF STATE OF SEE AND SEE AN			
			Add Remove			
	N/Δ	ge(s) here: (Attach additional sheets, if necessary	:.)			
- -						
- Dated	MAY 17 . 20					
		for authorized representative of a member				
	Typed	or printed name of signee				

Page 2 of 2

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