

L10000064320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

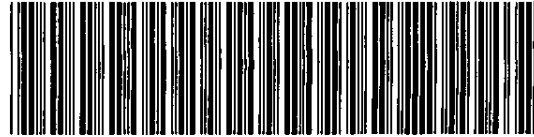
(Document Number)

Certified Copies _____ Certificates of Status _____

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FEB 24 2011
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2012 FEB 23 AM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 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

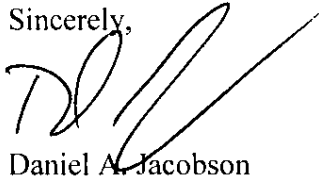
Dear Gentlemen:

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. 954.467.3101, Fax 954.467.6344

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 23 PM 3:41

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For further information concerning this matter, please call:

Dan Jacobson

Name of Person

at (954)

467.3191

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

2012 FEB 23 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated February 20, 2012

Signature of a member or authorized representative of a member
Daniel A. Jacobson

Typed or printed name of signee