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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	, 1
Certified Copies	Certificates	of Status <u> </u>
Consist to show the control of	Tiling Office	
Special Instructions to	Filing Officer:	
	A. LUI	NT
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EXAMINER

Office Use Only



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2009 AUG -7 PM 1: 36
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

COVER LETTER

	ation Section n of Corporations		
SUBJECT:	THE BLUE LAGOON	I MOTEL, LLC	
	Name of Limited Liabili		_
The enclosed Ar	ticles of Amendment and fee(s) are submitted for	filing.	
Please return all	correspondence concerning this matter to the foll	owing:	
		ROBERT N DEBENEDICTIS Name of Person	
	iva.		
	Firm	n/Company	2009 AUG -7 SECRETARY TALLAHASS
		511 BAYSHORE DRIVE, APT 405 Address	
	,	tuui 033	G-7 PM G-7 PM TARY OF TARSSEE, FI
	FORT LAUDE	RDALE, FL 33304	
	City/Stat	e and Zip Code	1:36 STATE LORIDA
	PEJFLL	@AOL.COM or future annual report notification)	- D
		or ruture annual report notification)	
For further infor	mation concerning this matter, please call:		
RO	BERT N DEBENEDICTIS at	(212) 753-2357	
	Name of Person	Area Code & Daytime Telephone Num	iber
			•
Enclosed is a ch	eck for the following amount:		
\$25.00 Filing	Certificate of Status Ce	ertified Copy Certifi dditional copy is enclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations	STREET/COURIER ADDRESS Registration Section Division of Corporations	:
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BLUE LAGOON	MOTEL, LLC
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number	e filed on <u>3-28-65</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and end with the words "Limited Li"L.L.C."	iability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	700 TAL
(Principal office address MUST BE A STREET ADDRESS)	CRETTO
Enter new mailing address, if applicable:	-7 PR SSEE. FLO
(Mailing address MAY BE A POST OFFICE BOX)	PATE 36
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new Enter Florida street address
Cit	ty 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>Address</u> **Type of Action** <u>Title</u> <u>Name</u> MGR THE OPPORTUNITY TRUST 227 EAST 56TH STREET 🖊 Add ☐ Remove SUITE 400 NEW YORK, NY 10022 ☐ Remove _ Add Remove Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 JULY 31 Dated Signature of a member or authorized representative of a member ROBERT N DEBENEDICTIS

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00