

Aug. 18. 2009 3:08 PM SALVATORI & WOOD

Page 3 of 8

105000050187

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000184448 3)))



H090001844483ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL & WEIDENMILLER, PL
Account Number : I20030000112
Phone : (239) 552-4100
Fax Number : (239) 649-1706

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 18 AM 9:45

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

IPB MANAGER, LLC

RECEIVED

09 AUG 18 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

105-56187

AUG 19 2009

H09000184448 3
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IPB Manager, 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 06/07/2005 and assigned
Florida document number L05000056187

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation
"LLC."

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

City, Florida 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
2009 AUG 18 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H09000184448 3

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>
Mgr	GM HOSPITALITY, LLC	999 VANDERBILT BEACH ROAD #616 NAPLES FL 34108	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgr	York Hospitality, LLC	4001 Tamiami Tr N Ste 350 Naples FL 34103	<input checked="" 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

FILED
 2009 AUG 18 AM 9:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Dated August 18

2009

Signature of a member or authorized representative of a member

Leo J. Salvatori, Attorney-in-fact

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H09000184448 3