## L06000058684

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## COVER LETTER

Division of Co	rporations		
	GOON DEVELOPMENT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Linda Roth, Esq.	1	•
		Name of Person	·
	Linda Roth, P.A.		
		Firm/Company	
	2333 Brickell Avenue, Sui	te A-1	
		Address	·
	Miami, FL 33129		
		City/State and Zip Code	
	lr@lindarothlaw.com		
	E-mail address: (	to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Linda Roth, Esq.		305 774-7070 at ( )	
Name	of Person		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:

. 2

TO:

**Registration Section** 

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

BLUE LAGOON DEVELOPMENT, LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on June 8, 2006	and assigned
Florida document number L06000058684		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain 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 ADDRES	<u> </u>	
		16
Enter new mailing address, if applicable:		727 77
(Mailing address MAY BE A POST OFFICE BOX)		50 <b>60</b> 50 50 50 50 50 50 50 50 50 50 50 50 50
		9
		7
B. If amending the registered agent and/or registered		enter the name of the new
registered agent and/or the new registered office address	s here:	10,4
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Flori	
	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	GARBER HOTEL INVESTMENT	10 NW 42nd Avenue Suite 700	□ Add
		Miami, Fl 33126	■ Remove
		10 NW 42nd Avenue Suite 700	□ Change
MGR MOURIZ, MIGUEL A.	Miami, Fl 33126	■ Add	
		□ Remove	
			☐ Change
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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of finder. If the date inserted in this block does not meet the applicable statute occument's effective date on the Department of State's records.	ling or more than 90 days after filing.) Pursuant to 605.020° ory filing requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier o
ated January PeloPel Quey 19 2016	
Signature of a thember or authorized repres	sentative of a member
pignature of a member orlanthorized repres	semanye of a member

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Filing Fee: \$25.00