

3/10/2015 12:39:44 From: To: 0617-383

Division of Corporations

( 1/5 )

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# L06000079516

Florida Department of State  
Division of Corporations  
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OIKON HOTELS NICEVILLE, LLC

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oikon Hotels Niceville, 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:

Melissa Childers

Name of Person

Maynard, Cooper & Gale, P.C.

Firm/Company

1901 Sixth Avenue North

Address

Birmingham, AL 35203

City/State and Zip Code

mchilders@maynardcooper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Childers

Name of Person

at ( 205 )

Area Code

488-3612

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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(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

( 3/5 )

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

**Oikon Hotels Niceville, 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 August 11, 2006 and assigned  
Florida document number L06000079516

**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 "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)**

**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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

Article III shall be deleted in its entirety and replaced as follows: The purpose  
for which this Limited Liability Company is organized is solely for the acquisition,  
ownership, operation and management of the existing Hampton Inn &  
Suites hotel located at 4400 Ansley Drive, Okaloosa County, Florida and such  
activities as are necessary, incidental or appropriate in connection therewith.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after  
the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Finis St. John, authorized representative of Warren Beason, Member

\_\_\_\_\_  
Typed or printed name of signer