Division of Corporations Electronic Filing Cover Sheet

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(((H150000607903)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number

: (850)222-1092 : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OIKON HOTELS NICEVILLE, LLC

Certificate of Status	i
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/10/2015

3/10/2015 12:39:34 From: To: 8506176383

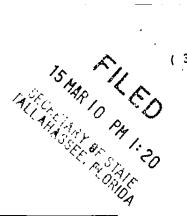
*	7	(COVER LETTER	
	istration Sec Islen of Corp			
CUDIECT.	Oikon Ho	tels Niceville, LLC		
SUBJECT:		Name of Limi	led Liability Company	·
The enclosed	Articles of A	Amendment and fec(s) are subr	nitted for filing.	
Please return	all correspor	idence concerning this matter t	o the following:	
		Melissa Childers		
			Name of Person	
		Maynard, Cooper &	Gale, P.C.	
			Firm/Company	
		1901 Sixth Avenue N	North	
			Address	
		Birmingham, AL 352	203	_
			City/State and Zip Code	
		mchilders@maynard		······································
		t:-mail address; (n be used for future annual report notifi	ication}
For further b	រាវិទ្យាសារប្រភព	oncerning this matter, please co	ill:	
Melissa (Childers	•	205 488-3612	
	Name o	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Cupy (additional copy is enclosed)	C \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is exclosed)

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

Oikon Hotels Niceville, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

Gwine in the Limits	(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L06000079516	ability Company were filed on August 11, 2006	and assigned
This amendment is submitted to amend the folio	wing:	
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 applica	able:	
(Principal office address MUST BE A STREE	TADDRESS)	•
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>30X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered of	or registered office address on our records, <u>enter</u> fice address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddress Florida	

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 Resistered Agent

MGR = Manager

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

<u>Title</u>	Name	Address	Type of Action
			DAdd
			□ Remove
	· · · · · · · · · · · · · · · · · · ·		D Add
			☐ Remove
			DAdd
			Remove
	Program of the Control of the Contro		Add
			Remove
			□ Add
			□ Remove
<u></u>			□ Add
			□ Remove

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	the III shall be deleted in its entirety and replaced as follows: The purpose which this Limited Liability Company is organized is solely for the acquisition,
own	ership, operation and management of the existing Hampton Inn &
Suit	es hotel located at 4400 Ansley Drive, Okaloosa County, Florida and such
activ	vitles as are necessary, incidental or appropriate in connection therewith.
	ate, if other than the date of filing:
	1-50
-	Signature of a member or authorized representative of a member
	Finis St. John, authorized representative of Warren Beason, Member
-	Typed or printed name of signee

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Filing Fee: \$25.00