(Requestor's Name) (Address)	40016087344		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	400150873444 09/29/0901020008 **25		
(Business Entity Name)	to the country of the party of the country of the c		
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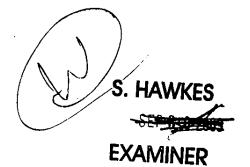
EXAMINER



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EXAMINER



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	КМН	Group LLC	
30 B/CC.17		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
		Jenny Wilensky	
		Name of Person	
	Mondrian South Beach		
		Firm/Company	
	1100 West Avenue		
		Address	
	M	iami Beach, FL 33139	
	FAI	City/State and Zip Code	
	jwilensky	@mondriansouthbeach.c	om
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report not call:	utication)
			070 0000
	enny Wilensky of Person	at (305) Area Code & Dayti	672-2662 me 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 enclose	Sed. Sed. Sed. Sed. Sed. Sed. Sed. Sed.
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	Registration Sect Division of Corp Clifton Building	orations
Talla	hassee, FL 32314	2661 Executive C Tallahassee, FL 3	



October 15, 2009

JENNY WILENSKY 1100 WEST AVE MIAMI BEACH, FL 33139

SUBJECT: SANCTUARY GROUP LLC

Ref. Number: L06000118431

We have received your document for SANCTUARY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 709A00033084

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



September 30, 2009

JENNY WILENSKY 1100 WEST AVE MIAMI BEACH, FL 33139

SUBJECT: SANCTUARY GROUP LLC

Ref. Number: L06000118431

We have received your document for SANCTUARY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 709A00031814

Suzanne Hawkes Regulatory Specialist II

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sanctuary Group LLC

anv as it now appears Liability Company)		
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golden Keith	Men: n Hotels, LLC	
nited Liability Compan	y," the designation "LLC" or the abbreviation	
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ffice address on ou	ir records, enter the name of the new	
·····		
Enter Florida street address		
, Florida		
City	Zip Code	
	bility company here EARLY Keith ited Liability Compan office address on oure:	

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 ar Adjing 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 **Title** Name **Address** Type of Action ☐ Add Remove Remove Add 🔲 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Keth Main Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00