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EXAMINER



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COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJE	7120 Indian Creek Management, L.L.C.						
30 B 0E	(Name of Limited Liability Company)						
The end	osed Articles of Amendment and fee(s) are submitted for filing.						
Please r	turn all correspondence concerning this matter to the following:						
	Geràld K. Schwartz, Esq.						
(Name of Person)							
	Gerâld:K. SCHWARTZ, P.A. (Firm/Company)						
llll Lincoln Road, Suite 400							
	(Address)						
	Miami Beach, Florida 33139						
	(City/State and Zip Code)						
For furt	er information concerning this matter, please call:						
Gerà	d K. Schwartz, Esq. at (305) 673-1101						
	(Name of Person) (Area Code & Daytime Telephone Number)						
Enclose	is a check for the following amount:						
□ \$25.	O Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	·sed)					
	MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations						

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Management, L.L.C.	
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on lorida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on <u>8/28/</u>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
BOUTIQUE RENTALS, LLC		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	· · · ·
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new
Name of New Registered Agent:	Carlos Calemzuk	SEC.
New Registered Office Address:	2600 Island Boulevard	, Unit 2002
	(Enter .	Florida street address) 😀 📁
	Aventura	Florida 33160= 177
	(City)	, Florida (ZECode)
New Registered Agent's Signature, if changing Reg	istered Agent:	05 10A
I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registed being filed to merely reflect a change in the reg	per and complete performance of m red agent as provided for in Chapte	y duties, and I am familiar with and er \$608, F.S. Or, if this document is

Page 1 of 2

(If Changing Registered Agent)

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	= Manager 1 = Managing Member	,		
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add Remove
	 			Add Remove
				Remove
				Add Remove
				
				≔ -
D. If ar	mending any other infor	rmation, enter change(s) here: (Attach additional sheets, if nec	eessary.)
	<u> </u>			
Dated _	June 25, 2008	· · · · · · · · · · · · · · · · · · ·	A.	FILEI 08 JUL -3 AM SECRETARY OF ALLAHASSEE F.
		1//	r authorized representative of a member	AMIC: 05 OF STATE FEATING
		i Typed or	humon name of signee	

Page 2 of 2

Filing Fee: \$25.00