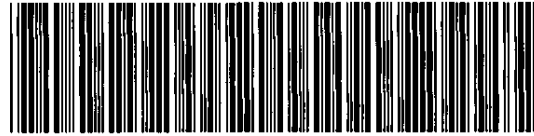


L08000045577



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08/13/08--01003--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG - 8 PM 3:10

FROM: (PLEASE PRINT)

PHONE (

407-496-4841

G. Metzger

P.O. Box 22842

Lake Buena Vista FL

32830

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~Mr. Metzger~~ GAVE

AUTHORIZATION BY PHONE TO

CORRECT

delete references to exhibits on aff.

DATE

8/8/08

OFFICE EXAM

clt

Office Use Only

B. Tedlock AUG 08 2008

AFFIDAVIT

1. I am currently the managing member of Iguanna Hospitality, LLC, effective June 9, 2008.
2. Iguanna Hospitality, LLC was established on May 6, 2008 by other individuals who subsequently withdrew from the organization.
3. Florida Department of Revenue issued tax certificate number 59-8014830374-0 on May 15, 2008.
4. The Internal Revenue Service assigned an Employer Identification Number 45-0595261 on May 15, 2008.
5. The State of Florida, Division of Alcoholic Beverages & Tobacco issued a Temporary License/Permit #223506 on June 11, 2008.
6. At no time thereafter have I, or any prior member, divested any interest in this business entity to any individual, corporation, partnership or limited liability company, particularly LVN Property Management, LLC.

FURTHER AFFIANT SAYETH NOT.

Dated July 21-08

Yong Hou
YONG HOU

SWORN TO AND SUBSCRIBED before me this 21st day of July, 2008.

Lyn M. Weissberg
Notary Public, State of Florida



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

IGUANNA HOSPITALITY 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 05/06/2008 and assigned
Florida document number L08000045577

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."

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: A1A REGISTERED AGENT, INC.
New Registered Office Address: 5647 110TH AVENUE NORTH
(Enter Florida street address)
ROYAL PALM BEACH, Florida 33411
(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 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.

[Signature]
(If Changing Registered Agent, Signature of New Registered Agent)

(ATTN: Brenda)

amending 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
MGR	SARAH ESSABRI	4800 WEST IRLO BRONSON HWY KISSIMMEE FL 34746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YONG HOU	4900 WEST IRLO BRONSON HWY KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	GARY METZGER	4900 WEST IRLO BRONSON HWY KISSIMMEE FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RICHARD MACKIZER	4900 WEST IRLO BRONSON HWY KISSIMMEE FL 34736	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <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.)

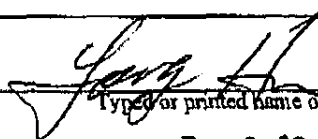
Should any amendment be filed from this point forward, 1 of the 3 member

signatures are required to be notarized in order to complete the filing.

If signature is not notarized, please contact the Registered Agent on file immediately.

Dated July 30, 2008

Yong Hou


Typed or printed name of signee