

LD8000045577

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(Business Entity Name)

(Document Number)

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EXAMINER

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

08 SEP 17 PM 2:25

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IGuanna Hospitality 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:

Sheila Petrimoux  
(Name of Person)

IGuanna Hospitality LLC.  
(Firm/Company)

4900 W. FRLO Bronson Hwy 192  
(Address)

Kissimmee Fl. 32746.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sheila Petrimoux at (407) 485-3060  
(Name of Person) (Area Code & Daytime 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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

16 Wynn 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 6-08 and assigned Florida document number 208000045577.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Nu. BamBoo LLC.  
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)

4900 W. IRLO Bronson  
Kissimmee FL 34746

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: SARAH ESSABRI

New Registered Office Address: 4900 W. IRLO Bronson  
(Enter Florida street address)

Kissimmee, Florida 34746  
(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.

SARAH ESSABRI  
(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE, FLORIDA

If 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MM.</u>	<u>Sarah Essabi,</u>	<u>4500 W. IRLO BRONSON</u> <u>KISSIMEE FL. 34746</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGM</u>	<u>Steenlau Risdén.</u>	<u>4500 W. IRLO BRONSON.</u> <u>KISSIMEE FL. 34746.</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGM</u>	<u>Gary Metzger.</u>	<u>4500 W. IRLO BRONSON.</u> <u>KISSIMEE FL. 34746</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGM</u>	<u>Richard Mackizeu.</u>	<u>4500 W. IRLO BRONSON</u> <u>KISSIMEE FL. 34746.</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGM.</u>	<u>Glen Smith</u>	<u>4500 W. IRLO BRONSON.</u> <u>KISSIMEE FL 34746.</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGM</u>	<u>Young Hou.</u>	<u>4500 W. IRLO BRONSON</u> <u>KISSIMEE FL. 34746.</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9-17- 2008

Sarah Essabi  
Signature of a member or authorized representative of a member  
Sarah Essabi  
Typed or printed name of signee

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