

① **L08000052818**

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : FLORIDA LICENSES AND CORPORATIONS INC
Account Number : I20080000068
Phone : (305) 446-3442
Fax Number : (305) 446-3452

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2009 APR -9 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RE...

ISLAND HOTTIES LLC

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C. LEWIS

APR-10 2009

EXAMINER

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2

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2009 APR -9 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Island Hotties, 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 May 28, 2008 and assigned
Florida document number L08000052918

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

507 La Villa Drive
Miami Springs, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

507 La Villa Drive
Miami Springs, FL 33166

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:

Tito Guerra

New Registered Office Address:

507 La Villa Drive

(Enter Florida street address)

Miami Springs

(City)

Florida

33166

(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.

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

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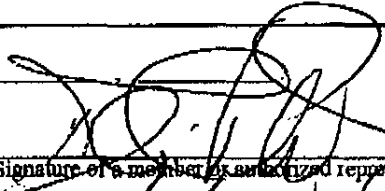
3 If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Kevin Peters	2803 SE Pace Drive Port St. Lucie, FL 34984	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Cathleen Peters	2803 SE Pace Drive Port St. Lucie, FL 34984	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Anicia Machado Gomez	507 La Villa Drive Miami Springs, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tito Guerra	507 La Villa Drive Miami Springs, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Juan C. Arayjo	960 Raven Ave Miami Springs, FL 33166	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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 _____



Signature of a member or authorized representative of a member

Kevin Peters

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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