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**EXAMINER** 



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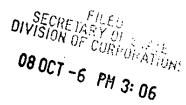
## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: BELMONT HOTEL 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:
MARCTRACY (Name of Person)  BELMONT HOTEL LLC (Firm/Company)  300 S AUSHALIAN AVE #71) (Address)  West Pan Space F 33401 (City/State and Zip Code)
For further information concerning this matter, please call:
MACC TRACY at (5d) 3 86 7195 (Name of Person)  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$ Certificate of Status \$  Certificate of Status \$  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



(Name of the Limited Liability (A Florida L	Company as it now appears on climited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>しんののちめ</u> し	ompany were filed on6	9 08 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
THE SANDS H	INTFI LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Company," t	he designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2401 BEA	CH CT.	
(Principal office address MUST BE A STREET ADDR	ESS) SINGERIS	CH CT.	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	**************************************		
Winning university BE A FOST OFFICE BOX)	<del></del>		
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		ecords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address), Florida		
	(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.

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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
·	·		Add Remove
			Add Remove
). If amer 	iding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	<del></del>
<del>_</del>			
_	10/1/08		<u>-</u>
Dated	M	or authorized representative of a member	
	MARC	or printed name of signee	

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Filing Fee: \$25.00