12900033974

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| , , , | |
| (City/State/Zip/Phone #) | |
| . PICK-UP WAIT MAIL | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
| | |
| Certified Copies Certificates of Status | |
| | |
| Special Instructions to Filing Officer: | |
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| | |

G. MCLEOD

OCT - 1 2009

EXAMINER



100160976191

100160976191 09/25/09--0051--002 **25.00

09 SEP 30 PM 1: 4

SECRETARY OF STATE OIVISION OF CORPORATION

AFFIDAVIT

| STATE OF FLORIDA | 1 |
|-------------------|---|
| COUNTY OF BROWARD |] |

BEFORE ME, the undersigned authority, personally appeared MICHAEL HALEY, who upon being duly sworn on oath, deposes and says:

- 1. I am a Managing Member of G-Hospitality Group, LLC, (heretofore known as "Company").
- 2. Company has not begun to conduct business in the State of Florida.
- 3. Company does not intend to reopen or use the LLC created under Document Number L09000070557.
- 4. Company hereby releases the name "G-Hospitality Group, LLC" to be used by "Wilton Manors Alternative Lifestyle, LLC," Document Number L09000033974, who will simultaneously file such Articles of Amendment.

FURTHER AFFIANT SAYETH NOT.

MICHAEL HALEY

| STATE OF FLORIDA | } |
|-------------------|----------|
| COUNTY OF BROWARD | }ss } |

I HEREBY CERTIFY that this foregoing document was acknowledged before me this day of August, 2009, by MICHAEL HALEY, who [] is personally known to me or [] has produced NY Div. La., as identification and who did (did not) take an oath.

SEAL:

Notary Public State of Florida
Brett W LaGrow
My Commission DD639939
Expires 02/20/2011

STATE OF FLORIDA AT LARGE:

Signature of Notary Public

Printed Name of Notary Public

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Wilton N | Manors Alterr | <u>native Lifestyle</u> | e, LLC | <u> </u> | | |
|---|---------------------|---|--------------------------|--------------------------|------------|--|
| (Name of the Limite | A Florida Limited I | ny as it now appear Liability Company) | s on our records. | | | |
| The Articles of Organization for this Limited Liability Company were filed on 4/6 | | | 4/6/09 | and assigned | i assigned | |
| Florida document numberL0900003 | 3974 | | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | | |
| A. If amending name, enter the new name of | of the limited liab | oility company her | <u>e</u> : | | | |
| | G-Hospitality | Group, LLC | | | | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Lim | ited Liability Compa | ny," the designation " | LLC" or the abbreviation | ì | |
| Enter new principal offices address, if applicable: | | N/A | | · | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | an should | | |
| | | | | | | |
| | | | | S 6 | אַר | |
| Enter new mailing address, if applicable: | | N/A | | 4 22 | Ď. | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | 30 DF | 7 2- | |
| | | | | 79 | ۲۲ عاد | |
| | | | | - 90 | ٠ ١ | |
| B. If amending the registered agent and | or registered of | Mice address on o | ur records, <u>enter</u> | the name of the new | 1 | |
| registered agent and/or the new registered of | ffice address her | <u>'e</u> : | | 7 10% | ì | |
| Name of New Registered Agent: | N/A | | | 1 | | |
| New Registered Office Address: | N/A | | | | | |
| | _ | Ent | er Florida street add | dress | | |
| | . 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 Changing Registered Agent, Signature of New Registered Agent

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> | Name | Address | Type of Action |
|--------------|---|--|---------------------|
| MGRM | SURFVIEW HOLDINGS | 701 W CYPRESS CREEK RD SUITE 102 FORT LAUDERDALE, FL 33309 | Add Remove |
| <u>MGRM</u> | DASH CONSULTING, LLC | 701 W CYPRESS CREEK RD SUITE 102 FORT LAUDERDALE, FL 33309 | Add Remove |
| MGRM | WYCHWOOD REALTY | 701 W CYPRESS CREEK RD SUITE 102 FORT LAUDERDALE, FL 33309 | Add Remove |
| | | | Add Remove |
| | | | □Add □Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter chang | e(s) here: (Attach additional sheets, if necessary.) | _ |
| | | | _ _ |
| | | | _ _ |
| Dated | PAI 1 | • | |
| | | or authorized representative of a member Michael Haley or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00