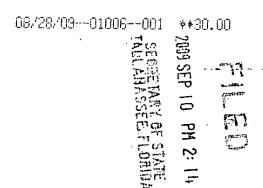


• (Re	equestor's Name)	<u> </u>
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(5)	ocument Number	
(D)	ocument Number,)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
,		







T. CLINE
SEP 1 1 2009
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 31, 2009

EDITH SEIDMAN 17201 COLLINS AVE #2309 SUNNY ISLES BEACH, FL 33160

SUBJECT: PURO SUSTAINABLE HOSPITALITY LLC

Ref. Number: L09000073554

We have received your document for PURO SUSTAINABLE HOSPITALITY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please 26 (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 609A0002911

2009 SEP 10 PM 2: 14

COVER LETTER

	istration So ision of Co						
SUBJECT:		PURO SUSTAINA	BLE HOSPITALITY LL	.C			
SOBJECT.	Name of Limited Liability Company						
•							
The enclosed	d Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		EDITH M SEIDMAN					
Name of Person							
PURO SUSTAINABLE HOSPITALITY LLC							
Firm/Company							
17201 COLLINS AVE, #2309							
Address .			2019				
SUNNY ISLES BEACH FL 33160 US			AM	SEP I	h-atapyen		
		City/State and Zip Code			ASS.	010	eranen G
		E-mail address:	@purosustainable.com to be used for future annual report notif	ication)		PAK	1
For further is	nformation	concerning this matter, please	•	,	STAT		10km
	EDIT	'H M SEIDMAN	at (305)	785-1812		t.	
		of Person		ne Telephone Number			•
Englaged in	a abook for	the following amount:					
	iling Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Fili	ng Fee.		
\$23,001	ining t cc	Certificate of Status	Certified Copy (additional copy is enclosed	Certificat d) Certified	e of Status		i)
	***	LINC ADDDESS.	QTDFFT/COHD	IFR ADDRESS:			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section	STREET/COURIER ADDRESS: Registration Section Division of Corporations				
		Box 6327	Clifton Building				
		nassee, FL 32314	2661 Executive C Tallahassee, FL 3				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PURO SUSTAINABLE HOSPITALITY LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 07/31/2009 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L09000073554 Florida document number ____ This amendment is submitted to amend the following: A. If amending name, cuter 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) 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: New Registered Office Address: Enter Florida street address

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 **Type of Action** Title . Name **Address MGRM** FEDERICO M STRAUCH 17201 COLLINS AVE. #2309 Add SUNNY ISLES BEACH FL 33160 🔽 Remove MARTIN E STRAUCH **MGRM** 17201 COLLINS AVE. #2309 ☐ Add Remove SUNNY ISLES BEACH FL 33160 MGRM **EDITH M SEIDMAN** 17201 COLLINS AVE. #2309 ✓ Add SUNNY ISLES BEACH FL 33160 Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 20 2009 Dated_ Signature of a member or authorized representative of a member EDITH M SEIDMAN Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00