

LO9000123175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

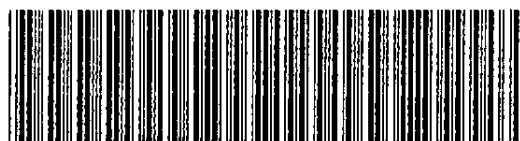
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 FEB 16 PM 4:29

FILED

C. LEWIS
FEB 17 2011
EXAMINER

FENNEMORE CRAIG, P.C.

3003 North Central Avenue, Suite 2600
Phoenix, Arizona 85012-2913
(602) 916-5000

Charlene Sarich

Paralegal
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Las Vegas (702) 692-8000
Denver (303) 291-3200

February 8, 2011

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Aihe Whare Rentals, LLC
Breaksea, LLC
Kia Ora Rentals, LLC

Ladies/Gentlemen:

Attached for filing are the original executed articles of amendment for each of the above-referenced limited liability companies. Please return a certified copy of each filed document to me in the stamped envelope provided. This firm's check in the amount of \$165 (\$55 x 3) representing your filing fees is also enclosed.

Thank you for your assistance in this matter.

Sincerely,



Charlene Sarich
Paralegal

Attachment

cc: Leo Loo, Esq. (w/out encl.)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aihe Whare Rentals, 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:

Charlene Sarich, Paralegal
Name of Person

Fennemore Craig, P.C.
Firm/Company

3003 N. Central Ave., Ste. 2600
Address

Phoenix, AZ 85012-2913
City/State and Zip Code

arizonabeth@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leo Loo, Esq. at (602) 916-5368
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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Airb Whare Rentals, 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 12/30/09 effective 1/1/10 and assigned
Florida document number L09000123175.

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)

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

City, Florida 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

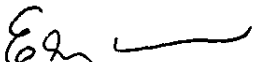
Title	Name	Address	Type of Action
MGRM	Elizabeth Sex worth	3107 57th Street South Unit A Gulfport, FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Sally Brown	3107 57th Street South Unit A Gulfport, FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Elizabeth Sex worth	3107 57th Street South Unit A Gulfport, FL 33707	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Dated 1-27, 2011



Signature of a member or authorized representative of a member
Elizabeth Sexworth

Typed or printed name of signee