# \*L10000110002

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

NOV - 1 2010

EXAMINER

### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT:	White Ibis N	Management, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Cynthia G Ahmed		
		Name of Person		
		Firm/Company		
		1785 Ibis Lane		
		Address		
		Weston, FL 33327 City/State and Zip Code		
	cin	ndygahmed@yahoo.ca	· 1	
	E-mail address: (	to be used for future annual repo	ort notification)	
For further information	concerning this matter, please o	eall:		•
Cy	nthia Ahmed	at (_954_)	707-9298	
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 er	nclosed) Certified	e of Status &

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 FILED OF STATE DIVISION OF CORPORATIONS

TO OCT 24 MITTEL

White It	<u>ois Management, LL</u>	C 10 001 25 mm
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appea la Limited Liability Company)	ors on our records.
The Articles of Organization for this Limited Liability Florida document numberL10000110002		Oct. 21, 2010 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company he	<u>re</u> :
	hite Ibis Inn, LLC	
The new name must be distinguishable and end with the value. "L.L.C."	words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD:	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		our records, enter the name of the new
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:		
	$\overline{}$	nter Florida street address
<u> </u>		, 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:

	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	•		Add Remove
			Add Remove
<del></del>			Add Remove
<del></del>			Add Remove
f amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE ON SECRETARY OF CORPORATIONS 10 OCT 29 AM IT: 44
	Oct. 26	, <u>2010</u>	IONS
	lunth	f a member or authorized representative of a member	

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Filing Fee: \$25.00