110000570146

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G. MCLEOD

DEC 13 2011

EXAMINER



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Sign

TAPPERARY OF STATE

1011-60353



December 1, 2011

IVAN LENOIR 502 N ARMENIA AVE TAMPA, FL 33609

SUBJECT: DT HILTON HEAD LLC

Ref. Number: L11000090646

We have received your document for DT HILTON HEAD LLC and your check(s) totaling \$25.00. 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 call (850) 245-6851.

Gina McLeod Regulatory Specialist II

Letter Number: 111A00026934

COVER LETTER

	gistration Section is the section of Corporation of Corporation is a section of Corporation in the section is a section in the section is a section in the section in the section is a section in the section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in						
SUBJECT:		DT Hilt	on Head, LLC				
		Name of Limi	ited Liability Company				
The enclose	d Articles of Am	endment and fee(s) are sub	omitted for filing.				
Please retur	n all corresponde	ence concerning this matter	to the following:				
	-		Ivan Lenoir				
Name of Person							
The Lenoir Law Firm							
	_		502 N Armenia Ave				
	•		Address				
			City/State and Zip Code				
	_	iva	an@lenoirlawfirm.com to be used for future annual report notifi	and and			
				cation)			
For further i	nformation conc	erning this matter, please c	all:				
	lvar	Lenoir	at (<u>813</u>)	251-8320			
Name of Person		Area Code & Daytime Telephone Number					
Enclosed is	a check for the fo	ollowing amount:					
₹ 25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 Lia	T Hilton Head, LLC bility Company as it now apperida Limited Liability Company	ars on our records.)				
The Articles of Organization for this Limited Liabil Florida document numberL1100009064	ity Company were filed on	August 8, 2011 and assigned				
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	limited liability company he	ere:				
С	T Kissimmee, LLC					
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Com	pany," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable	:					
(Principal office address MUST BE A STREET A	DDRESS)	30- C				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>					
		FLORE 2				
B. If amending the registered agent and/or r		დ				
registered agent and/or the new registered office	address here:					
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 Changing Registered Agent, Signature of New Registered Agent

f 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 = M MGRM =	anager Managing Memb	oer					
<u>Title</u>	<u>Name</u>		Address		Type of Action		
					Add		
					_ Remove -		
					☐ Add ☐ Remove		
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<u> </u>					Add Remove		
					-		
		<u> </u>			∏Add _∏Remove		
D. If amer	ıding any other is	nformation, ente	r change(s) here: (Attach addition	al sheets, if necessary.)	-		
					-		
					-		
_					-		
_							
Dated	beceaber	4	2011		-		
	-						
	-	Signature of a	member or authorized representative of	of a member			
			Ivan Lenoir Typed or printed name of signee	····			

Page 2 of 2

Filing Fee: \$25.00