# L12000038882

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MAR **25** 2013

TO: Registration Section ' Division of Corporations

# SUBJECT: Aureus HG Palmetto Management, 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:

	Kim Sallinge		<del></del>		
	Aureus Hosp	Name of Person	<u> </u>		
	6387 Camp	Firm/Company Bowie, Ste 345			
	Ft. Worth, T	Address X 76116			
	kim@aureushg.c	City/State and Zip Code OM o be used for future annual report notifica	tion)	201	
For further information ec	oncerning this matter, please c	-		2013 MAR 2 I	- 1-1
Jerome A. 2	Zivan, Esq.	یر 850 <mark>897643</mark> (	D, ext.18	21	
Name of	Person	Area Code & Daytime T		AM 8: 30	
Enclosed is a check for th	e following amount:		1.0	C	
S25.00 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 Sta Certified Copy (additional copy		sed)

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

# Aureus HG Palmetto Management, 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 March 20, 2012 and assigned Florida document number L12000038882

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

### Hotel Artesano Pearl, LLC

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:	same	20
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	same	
(Mailing address MAY BE A POST OFFICE BOX)		3 <b>5 8</b>
		200 <b>B</b>

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 Fi	lorida street address
		, Florida
	City	Zip Code

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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
			Add
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D. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
······	
Dated March	18, 2013
	1 00
	prome a pra
	Signature of a member or authorized representative of a member
Jefé	ome A. Zivan, Authorized Representative of a Member
	Typed or printed name of signee

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Filing Fee: \$25.00

ארו אואכינד רו טאוקי גיי ער זיאבידער צואוב 2013 MAR 21 AM 8: 30 

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