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'JAN 09 S. PRATHER

COVER LETTER

TO: Registration Sec Division of Corp	porations	_	
SUBJECT:	Gardenia	Gardens Inn,	LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Gre	eg Leknes.	
		ora Gardens In. Firm/Company	n, LLC
		Firm/Company NW 24 C+	
		A 1.1	
	Pem br	oke fines Fl. 3	3024
	burginsho	City/State and Zip Code ardware Cbellsour to be used for future annual report notifi	th.neL
For further information co	oncerning this matter, please ca		,
Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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		Street Address:	
Registration S		Registration Sec	tion

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZATION	
0	F	<u>ح</u> ا
Gardenia Ga	orders Inn, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	çņ
·		
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L 22000 45 41 73</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abl	previation "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 a agent and/or the new registered office address here:	address on our records, enter the name	e of the new registered
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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	KAren Aviles	433 W. 45th Pl. Higleah Fl. 33012	🗆 🗅 Add
		Higleah Fl. 33012	SRemove
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	Nha	nber 25/20	/	
ective date, if other than the date of effective date is listed, the date must be spec-				Pursuant to 605 (
e: If the date inserted in this block document's effective date on the Departme	s not meet the applical	ble statutory filing req	uirements, this date	will not be listed
union a cricense date on the Departme	in or state 3 records.			
	hut nat en effactiva tim	ne. at 12:01 a.m. on the	e earlier of: (b) The	90th day after
cord specifies a delayed effective date,	out not an effective on			
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