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EXAMINER



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SUFFICIENCY OF FILING

DEPARTMENT OF STATE

DIVISION OF CORFORATION

11 JUL 11 AM 9: 06



ACCOUNT NO. : I2000000195

REFERENCE : 774631 7161018

AUTHORIZATION (

COST LIMIT :

ORDER DATE: May 11, 2011

ORDER TIME : 2:47 PM

ORDER NO. : 774631-040

CUSTOMER NO: 7161018

FOREIGN FILINGS

NAME: MIROMAR LIFESTYLES LLC

CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY			
XXXX AMENDMENT			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XXX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Matthew Young EXT# 2962			

EXAMINER:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1,	Name of limited liability company as it appears on the records of the Florida Department of State: Miromar Lifestyles LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: June 8, 2011
	SECTION II (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? July 8, 2011
5.	New name of the limited liability company: Naples Lifestyles LLC (must end with "Limited Liability Company." "L.L.C.," or "LL.C.")
FJ. the	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
5.	If the amendment changes the period of duration, indicate new period of duration:
7. -	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a member or the authorized representative of a member
	Scott Kane, Authorized Representative

Filing Fee: \$25.00

Typed or printed name of signee

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MIROMAR LIFESTYLES LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NAPLES LIFESTYLES LLC", THE EIGHTH DAY OF JULY, A.D. 2011, AT 3:40 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED
LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF
DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT
HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS
OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

4980993 8320

110808088

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 8892636

DATE: 07-11-11

You may verify this certificate online at corp.delaware.gov/authver.shtml