

L02000009115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

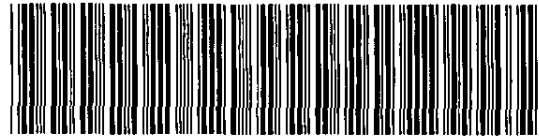
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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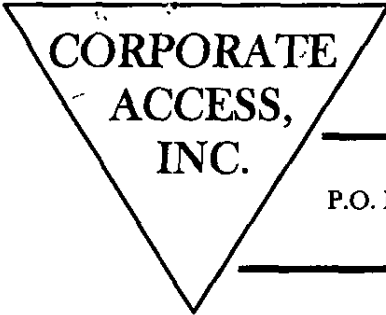
07/25/12--01001--007 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 25 2012

EXAMINER



"When you need ACCESS to the world"

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P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 7/24/12 Almond

- CERTIFIED COPY
PHOTOCOPY
CUS
FILING LLC Amend

- 1. Almond VACATIONS, LLC
(CORPORATE NAME AND DOCUMENT #)
2.
(CORPORATE NAME AND DOCUMENT #)
3.
(CORPORATE NAME AND DOCUMENT #)
4.
(CORPORATE NAME AND DOCUMENT #)
5.
(CORPORATE NAME AND DOCUMENT #)
6.
(CORPORATE NAME AND DOCUMENT #)

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2012 JUN 24 PM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS:

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Almond Vacations, 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 04/17/2002 and assigned Florida document number L02000009115.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

N/A

N/A

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

N/A

N/A

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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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

Florida

N/A

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:

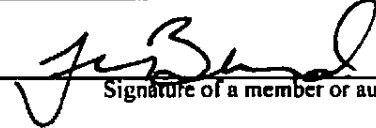
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Carol L. Slee	4839 Fiorazante Ave. Orlando, FL 32839	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	William Montgomery Cumberbatch	Lot 4 Bamboo Ridge - Holders St. James, Barbados	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Thomas Anslem Pantin	30 Collens Road Maraval, Trinidad	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated July 24, 2012.



 Signature of a member or authorized representative of a member
 Joseph Berklund, Esq.

 Typed or printed name of signee

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