

L 10000027302

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 25 PM 3: 27

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C. LEWIS

JAN 26 2011

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Ocala Sun RV Resort, 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:

Denise L. Simms
Name of Person

Ocala Sun RV Resort, LLC
Firm/Company

2559 SW Hwy 484
Address

Ocala, FL 34473
City/State and Zip Code

denisesimms@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise L. Simms at (813) 239-4755
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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:
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

FILED

2011 JAN 25 PM 3:27

Ocala Sun RV Resort, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/10/2010 and assigned Florida document number L10000027302.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

2559 SW Hwy 484

Ocala, FL 34473

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2559 SW Hwy 484

Ocala, FL 34473

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:

Denise L. Simms

New Registered Office Address:

2559 SW Hwy 484

Enter Florida street address

Ocala

City

, Florida 34473

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.

Denise L. Simms
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>
MGRM	Michael Wood	354 N. Hambletonian Drive Inverness, FL 34453	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Shawn A. Simms	235 Apollo Beach Blvd #238 Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Denise L. Simms	235 Apollo Beach Blvd #238 Apollo Beach, FL 33572	<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.)

Above additions of Shawn A Simms + Denise L. Simms reflects a title change from Manager to Managing members.
Michael Wood is completely being removed.

Dated January 20, 2011.

Denise L. Simms
Signature of a member or authorized representative of a member
Denise L. Simms
Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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