

L10000027302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

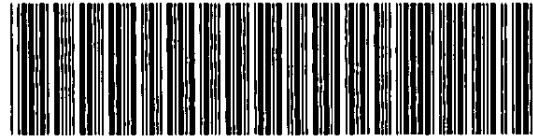
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

07/15/13--01020--004 **30.00

JUL 16 2013
J. BUTLER

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:

MICHAEL P. WOOD

Name of Person

Ocala Sun RV Resort, LLC

Firm/Company

P.O. Box 1462

Address

INVERNESS, FL 34451

City/State and Zip Code

mwood20@tampabay.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL P. WOOD

Name of Person

at (813) 312-4274

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

FILED
13 JUL 15 PM 5:14
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Ocala Sun RV Resort, 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 3/10/2010
Florida document number L10000027302

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13 JUL 25 PM 5:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MICHAEL P. WOOD
P.O. BOX 1462
INVERNESS, FL 34451

RECORD AND
RETURN TO

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:

MICHAEL P. WOOD

New Registered Office Address:

354 N. HAMBLETONIAN DR.

Enter Florida street address

INVERNESS, Florida 34453

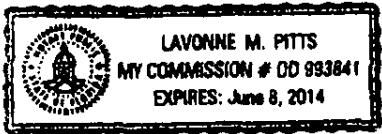
City

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent



Lavonne M. Pitts

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 P. WOOD CHIEF EXECUTIVE MANAGER	354 N. HAMBLETONIAN DR. INVERNESS, FL 34453	<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
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 TALLAHASSEE, FLORIDA

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

Dated July 11, 2013

Signature of a member or authorized representative of a member

[Handwritten Signature]

MICHAEL P. WOOD AS CHIEF EXECUTIVE MANAGER

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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13 JUL 15 PM 5:14
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF CITRUS

The foregoing instrument was acknowledged before me this

11 day of July, 2013

by Michael Patrick Wood who

() is personally known to me or
(X) has produced FL DL# W300-555-71-089-0 as identification.

Lavonne M. Pitts
Notary Public



STEVEN M CHAMBERLAIN
752 E SILVER SPRINGS BLVD
OCALA, FL 34470

DAVID R ELLSPERMANN CLERK OF COURT MARION COUNTY
DATE: 07/05/2013 02:01:11 PM
FILE #: 2013068912 OR BK 05888 PG 1924

REC 10.00



AFFIDAVIT REGARDING OCALA SUN RV RESORT, LLC

Being duly sworn, I, Michael P. Wood, hereby declare that the following statements are true and correct to the best of my knowledge and belief, under penalties of perjury:

1. I am the Chief Executive Manager of Ocala Sun RV Resort, LLC, a Florida limited liability company, and own a 50% membership interest therein.
2. A copy of the Operating Agreement of said LLC is attached to the Amended Complaint in the case of Michael P. Wood v. Shawn A. Simms and Denise L. Simms, case # 11-3956-CAB in Marion County, Florida.

FURTHER AFFIANT SAYETH NOT.

Michael P. Wood

FILED
13 JUL 15 PM 5:14
CLERK OF COURT
MARION COUNTY
FLORIDA

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 5 day of July, 2013 by MICHAEL P. WOOD, who is personally known to me.

Notary Public

