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SECRETARY OF STATE DIVISION OF CORPORAL JUS

JUL 3 0 2012

COVER LETTER

COVER LETTER				
TO:	Registration Se Division of Cor	ction porations	,	•
SUBJI	ECT:	CJ TIMES	SHARES, LLC	
		Name of Limite	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	ndence concerning this matter t	o the following:	
			Name of Person	
		CJ	TIMESHARES, LLC	
			Firm/Company	
		85	45 Commodity Circle	
			Address	
		Or	lando, Florida 32819	
			City/State and Zip Code	
		E-mail address: (to	tions@cjtimeshares.co	notification)
For fur	rther information c	oncerning this matter, please ca	11;	
	E	dwin Lugo	at (_321)	206-1851
	Name o	f Person	Area Code & D	aytime Telephone Number
Enclos	sed is a check for th	ne following amount:		
√ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$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

CJ TIMESHARES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORALISAS

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(Name of the Emme)	A Florida Limited Liability Company)	is on our records.			
The Articles of Organization for this Limited L		08/23/2010	and assigned		
This amendment is submitted to amend the follows: A. If amending name, enter the new name of	•	<u>-e</u> :			
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if appli	cable:				
Principal office address MUST BE A STRE	ET ADDRECCI				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	POV				
B. If amending the registered agent and registered agent and/or the new registered o	•	our records, <u>enter t</u>	he name of the new		
Name of New Registered Agent:	Edwin Lugo	<u> </u>			
New Registered Office Address: 8545 Commodity Circle, Suite 125					
-	Er	ter Florida street add	ress		
	Orlando	, Florida	32819		
	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 almending 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>	Address	Type of Action
MGR	CAREFREE JOURNEYS, LLC	8545 Commodity Circle, Suite 125 Orlando, Florida 32819	☐ Add ☐ Remove
MGR	Edwin Lugo	8545 Commodity Circle, Suite 125 Orlando, Florida 32819	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	ry.)
 Dated	7/24 , 2	012	SECRETARY OF SEA
	· · · · · · · · · · · · · · · · · · ·	per or authorized representative of a member	7
		Edwin Lugo ed or printed name of signee	

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Filing Fee: \$25.00