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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Outdoor Resorts	at Orlando		
721188 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are:	submitted for filing.		
Please return all correspondence concerning this n	natter to the following:		
Janna Laine. Park Manager			
	(Name of Contact Perso	on)	
Outdoor Resorts at Orlando, Inc			
	(Firm/ Company)		
9000 US HWY 192 #1000			
	(Address)		
Clermont, FL 34714			
	(City/ State and Zip Coo	ie)	
parkmgr@oro-orlando.com			
E-mail address: (to be u	ised for future annual report	notification	n)
For further information concerning this matter, ple	ase call:		
Janna Laine	86 at	53	424-1407
(Name of Contact Per		rea Code)	(Daytime Telephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Dep	artment of	State:
■ \$35 Filing Fee		Certif Certif	icate of Status ied Copy tional Copy is
Mailing Address Amendment Section		Address dment Secti	ion
Amendalem Section	Attich	unicut Secti	(A)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Outdoor Resorts at Orlando, Inc.

FILED

(Name of Corneration	as currently filed with the Flor	ids Dent of State)
72118	as currently inca with the rior	2011 HUV 29 P 3: 38
(Docum	nent Number of Corporation (if k	nown) ,
		market in the first of the
Pursuant to the provisions of section 617,1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		Th
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name	•	The new "Or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	N/A	
(Principal office address MUST BE A STREET A		
	-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>N/A</u>	
D. If amending the registered agent and/or regis	tered office address in Florida,	enter the name of the
new registered agent and/or the new registere	ed office address:	
Name of New Registered Agent:	Name of New Registered Agent: Paul Meikel, Board President 9000 US HWY 192 #1000	
	(Florida street address)	
New Registered Office Address:		
	Clermont	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R	egistered Agent:	
I hereby accept the appointment as registered agent	. I am familiar with and accept	the obligations of the position.
	Carl C	Mans
_	Signature of New Regist	ered Avent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	n Doc se Jones y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	p	James Kenney	9000 US HWY 192 #1000
Add			Clermont, FL 34714
x Remove			
2) x Change	<u>P</u>	Paul Meikel	9000 US HWY 192 #1000
Add			Clermont, fL 34714
Remove 3) Change	D	Tom Van Hoven	9000 US HWY 192 #1000
x Add			Clermont, FL 34714
Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

	e date of each amendment(s) adoption:e this document was signed.	, if other than the
Eff	fective date if applicable: (no more than 90 days after amendment file date)	·
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	e listed as the
Ade	option of Amendment(s) (CHECK ONE)	
₽	The amendment(s) was/were adopted by the members and the number of votes east for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	DatedSignature QQ PMAD	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	Paul Meikel	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	