

L01000005568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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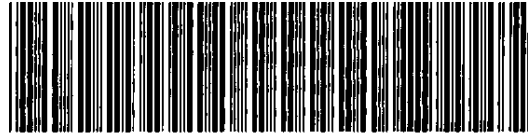
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 11 2010

EXAMINER



GREENSPOON MARDER, P.A.

ATTORNEYS AT LAW

From the Desk of:

Amy Xanders
Legal Assistant to David R. Lenox
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801
Phone: (407) 425-6559 Ext. 2408
Fax: (407) 422-6583
Email: Amy.Xanders@gmlaw.com

October 5, 2010

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

Re: Mickey's Five Star Vacation Homes, L.L.C.

Dear Sir/Madam:

Enclosed please find an original Articles of Amendment to Articles of Organization on the above referenced limited liability company for filing. I have also enclosed our firm's check #22202 in the amount of \$25 representing the required filing fee.

Please let me know if you have any questions.

Very truly yours,

GREENSPOON MARDER, P.A.

Amy Xanders
Legal Assistant to David R. Lenox, Esq.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICKEY'S FIVE STAR VACATION HOMES, L.L.C.
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:

DAVID R. LENOX

Name of Person

GREENSPOON MARDER, PA

Firm/Company

201 E. PINE STREET, SUITE 500

Address

ORLANDO, FLORIDA 32801

City/State and Zip Code

david.lenox@gmlaw.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DAVID R. LENOX

Name of Person

at (407)

425-6559

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**

MICKEY'S FIVE STAR VACATION HOMES, L.L.C.

(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 APRIL 9, 2001 and assigned Florida document number L01000005568.

This amendment is submitted to amend the following:

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

MICKEY'S FIVE STAR VACATION HOMES AND REALTY, L.L.C.

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)

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TALLAHASSEE, FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

201 E. PINE STREET, SUITE 500

Enter Florida street address

ORLANDO

Florida

32801

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>
_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

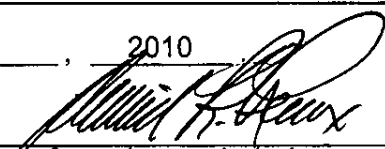
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		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

_____	_____	_____	☐ Add
		_____	☐ Remove

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

Dated OCTOBER 4, 2010



Signature of a member or authorized representative of a member

DAVID R. LENOX

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA