

L 02000031912

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(Address)

(Address)

(City/State/Zip/Phone #)

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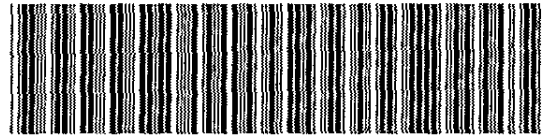
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(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLIDAY RESORTS, 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:

Don Nicholson
(Name of Person)

HOLIDAY RESORTS, LLC, REGISTERED AGENT
(Firm/Company)

459 SOLOMON DAIRY
(Address)

QUINCY, FLORIDA 32351
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
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For further information concerning this matter, please call:

Don Nicholson at (229) 227- 1451
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOLIDAY RESORTS, LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JULY 28, 2004 and assigned document number L02000031912.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

In an Article Four Meeting, dated July 28, 2004, Donald C. Nicholson by written consent has given up all his ownership to James M. Groover. This action gives James M. Groover full ownership, complete control and 100% of this LLC called HOLIDAY RESORTS, LLC.

Dated 7/28/04, _____.



Signature of a member or authorized representative of a member

James M. Groover

Typed or printed name of signee

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Filing Fee: \$25.00