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EXAMINER



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TIFER IN AMILISATION TALLAHASSEE FINANT

## **COVER LETTER**

TO:

Registration Section

Divisio	n of Corporations		
SUBJECT:	BC RV	'Resort LLC	
	<del></del>	ed Liability Company	
The enclosed Ar	ticles of Amendment and fee(s) are subt	mitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
		Michelle Ruddy Name of Person	-
		name of Person	
		Bradco, Inc.	
		T IIII/Company	
	36	642 Peachtree Road	
		radies	
		Atlanta, GA 30319  City/State and Zip Code	
	michel	lle@bradco-atlanta.com	1. 1.4.7 1.4.8.7.1.5.1.1
	michel E-mail address: (to	be used for future annual report no	otification)
For further inform	nation concerning this matter, please ca		
	Michelle Ruddy	at (_404_)	233-1676
	Name of Person	Area Code & Day	233-1676 time Telephone Number
Enclosed is a che	ck for the following amount:		
₹25.00 Filing	Fee \$\int_\$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/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	/ Resort LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appear hited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Com	npany were filed on	07/27/04	and assigned
Florida document numberL0400055732			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>·e</u> :	-
	RV LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<b>_</b>	±
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LAMASSEE. P	OF B IN
		>	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, enter t	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street ada	lress
	En	ier Fiorida street add	n Caa
	City	, Florida	Zip Code
	cuy		ыр соив

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	<u>Name</u>	<u>Address</u>	Type of Action
<u></u> .			Add
			Remove
			☐ Add☐ Remove
	<u> </u>		Add Remove
			Add Remove
<u>-</u>			Add Remove
			Add Remove
D. If amene	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
_			_

Page 2 of 2

Filing Fee: \$25.00