# L0500098483

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#### **COVER LETTER**

Divis	ion of Corpo	rations			
SUBJECT:	Lake Buen	a Vista Resort and Spa Mana	gement, LLC		
_		Name of Limi	ted Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return a	ill correspond	lence concerning this matter t	o the following:		
		Angela Perkins			
Name of Person  Lake Buena Vista Resort and Spa Management, LLC  Firm/Company  7011 Grand National Drive, Suite 104					
Address					
		Orlando, Fl 32819			
			City/State and Zip Code		
		aperkins@staysky.com			
		E-mail address: (to	o be used for future annual repo	ort notification)	
For further info	ormation con	cerning this matter, please ca	lī:		
Angela Perkir	ns		at (	430 Ext 212	
	Name of P	erson	Area Code	Daytime Telephone Number	
Enclosed is a c	check for the	following amount:			
<b>⊠</b> \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

2016 JAN 29 PM 4:31

Lake Buena Vista Resort and Spa Management, LLC (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 10/5/2005 and assigned Florida document number L05000098483 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lake Buena Vista Resort and Spa Management, LLC The new name must be distinguishable and contain 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) 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: Enter Florida street address , Florida

#### 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Member	Joseph Demko	6300 Parc Corniche Drive	
		Orlando, FL 32821	Remove
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fective date, if other than the one offective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be p ck does not meet the ap	rior to date of fili plicable statuto	ing or more than 90	(optional) days after filing.) nents, this date	Pursuant to 605.02 will not be listed
record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effec	ctive time, at	12:01 a.m. (	on the earlier
January 27th	2016	·			
ted					
An .	Signature of a member or a				

Page 3 of 3

Filing Fee: \$25.00