L05000111951

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SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

AUG 1 7 2009

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	Timeshare Broker	r Services of Florida, Li	LC		
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	condence concerning this matter	r to the following:			
	Robert L Bender				
		Name of Person			
Timeshare Broker Services of Florida, LLC					
Firm/Company					
5623 International Drive					
	Address				
	c	Priando, Florida 32819			
	City/State and Zip Code leegoss@sellmytimesharenow.com				
	E-mail address: (to be used for future annual report not	lication)		
For further information	concerning this matter, please o	eall:			
Ro	bert L Bender.	at (877) 88-	4-9577 x 2223		
Name of Person		Aren Code & Daytime Telephone Number			
	•				
Enclosed is a check for	the following amount:				
₹]\$25.00 Filing Fee	Certificate of Status	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 Tallahassec, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tellahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

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SECRETARY OF STATE

Timeshare Broker Services of Florida, LLC TALLAHASSEE, FLORIDA (Name of the Limited Liability Company as it now appears on our records.)
(A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _____ 11/18/2005 and assigned L05000111951 Florida document number ___ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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

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 Resistered 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

Title	Name	Address	Type of Action
MGRM	MR. DONALD R NADEAU	20129 HERITAGE POINT DRIVE TAMPA FLORIDA 33647	Add
MGRM	MRS. DIANE C NADEAU	20129 HERITAGE POINT DRIVE TAMPA EL ORIDA 33647	Add Remove
MGR_	MR. ROBERT L BENDER	124 WEST YORK COURT LONGWOOD FLORIDA 32779	Add Remove
MGR	FRANK LAROCHE	635 RIOMAR AVENUE ORI ANDO FLORIDA 32828	Add Remove
			Add
			Add Remove
D. If amend	ling any other information, enter chan	ge(1) here: (Attach udditional sheets, if necessar)	~ <i>)</i>
Dated	Lill la		ZOOS AUG 11 SECRETAR TALLAHAS
	<i>i</i>	r or authorized representative of a member	SEP P
	Турсс	W. LEE GOSS for printed name of signee	D STATE FLORID
	F	Page 2 of 2 Filing Fee: \$25,00	DE 1