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| (Requestor's Name) | | |
|---|--------------------------|--|
| (Address) | 900068103049 | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| (Business Entity Name) (DOUTE Number) | 03/20/0601067010 **60.00 | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: 3120 Auml Ch | | |
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Office Use Only



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Resort Source, 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: |
| Scott Chamblee (Name of Person) |
| |
| Resort Source, LLC (Firm/Company) |
| 238 Bent Arrow Drive |
| (Address) |
| Destin FL 32541 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Scott Chamble 2 at (850) 420-2876 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Solonorial Status} \text{Solonorial Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} |
| MAILING ADDRESS: STREET/COURIER ADDRESS: |

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | , | (Present Name) A Florida Limited Liability Compa | ву) | |
|----------------------|---|---|----------------|---|
| The Article document | es of Organization w number <u> </u> | vere filed on $\frac{2/17/06}{00/7968}$ | and assigned | - |
| | | o amend the following: | | |
| | Please | Change Name | to Cat45 | ecurity, |
| 1.1.6 | . Use Sam | Change Name : e address on File | | |
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| March | 17, 2000 | 2006 | | R 2 |
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| | S.A | and | | O6 MAR 20 PH 3: 05 |
| * **** | Signature of a | member or authorized representati | ve of a member | <u> </u> |

Filing Fee: \$25.00