## L06000084714

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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10/22/15--01023--014 \*\*30.00



OCT 23 2015 J. HARRIS

## **COVER LETTER**

SUBJECT:	L. COOISPO	T, 42C.	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	В		
	Shaw	Name of Person	1
	LAC	VOI SPOT, LLC Firm/Company	<del>.</del>
		eveland Are Address	
	Lehigh A	Cres F1. 3.3	972
	E-mail address: (fo	o be used for future annual report notific	mad.com
For further information co	ncerning this matter, please cal	l:	
Sh Awa Name of	Summercul Person	at (231) 872 Area Code Daytime 1	-5174 Telephone Number
Enclosed is a check for the	following amount:	,	
□ \$25.00 Filing Fee	\$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

TO:

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**

(Name of the Limited Liah	of LLC pility Company as it no	W appages on an	n magarda )		~	
(A Flor	ida Limited Liability Co	mpany)	r records.			
The Articles of Organization for this Limited Liability	Company were file	d on <u>8/2</u>	8/2004	and	assign	ed
Florida document number <u>LOLOOOOP</u> 4	1716	/	/			
This amendment is submitted to amend the following:			and assigned  tion "LLC" or the abbreviation "L.L.C."			
A. If amending name, enter the new name of the li	mited liability com	pany here:				
The new name must be distinguishable and contain the words "L	imited Liability Compar	ny," the designati	on "LLC" or the ab	breviation	"L.L.C.	**
Enter new principal offices address, if applicable:					<del></del>	····
(Principal office address MUST BE A STREET ADD	DRESS)				<u> </u>	
					<u> </u>	——————————————————————————————————————
				SSE	-	E THE STREET
Enter new mailing address, if applicable:	<u></u>			771 (1	77	3 - 1
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>			<u>(50)</u> 2003		3 1 122744
	<del></del>	<u> </u>		<b>&gt;</b>	<u>0</u>	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ress on our	records, <u>enter</u>	the nan	ie of i	the new
Name of New Registered Agent:	·		· · · · · · · · · · · · · · · · · · ·	1 <del>-11-11-1-11-11-1</del>		
New Registered Office Address:	E	Enter Florida stre	et address	<del></del>		
		<del></del>	, Florida			
	City			Zip Co	de	
New Registered Agent's Signature, if changing Register	red 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Office mgr	Vica Summerale	Lehigh Acres, 9 339	Add
		Lehigh Acres, A 339	<u>72</u> □ Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
			🗆 Add
			Remove
			Charles
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			Dichange
			🗀 Add
		<del></del>	□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if nec	vessary.)
1	<u> </u>	
<del></del>		
<u></u>		
**********		· · ·
		<del> </del>
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<del></del>		<u> </u>
Note: If t document ne recor	date, if other than the date of filing:	is date will not be listed as
Dated	October 20, 2015.	_
	Shawn J. Summer well Signature of a member or authorized representative of a member	2015 OC
		CT 22 E AARY HASSE
	SHAWN J. Summerall Typed or printed name of signee	
		- 1/1
		70807. 3.VIS. 50 + 114.

Filing Fee: \$25.00