

L 06 000 088565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

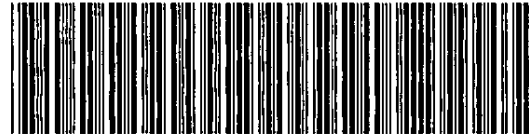
(Business Entity Name)

(Document Number)

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FALLAHASSEE, FLORIDA

Mc/Am

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **TUSCANA RESORT RENTALS 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:

**Garrett Kenny**

Name of Person

**Feltrim Resort Rentals llc**

Firm/Company

**116 Polo Park East Blvd**

Address

**Davenport, Fl. 33897**

City/State and Zip Code

**taisha@feltrim.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Garrett Kenny**

Name of Person

at **(863) 353-0016**

Area Code & Daytime 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  
P.O. Box 6327  
Tallahassee, FL 32314

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Tuscana Resort Rentals 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 09/11/2006 and assigned  
Florida document number L06000088565.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Feltrim Resort Rentals llc

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)**

116 Polo Park East Blvd

Davenport, Fl. 33897

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

Same as above.

**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

City

Zip Code

**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 Registered 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Feltrim Group Inc.	116 Polo Park East Blvd Davenport, FL. 33897	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Feltrim Development US Inc	116 Polo Park East Blvd Davenport, Fl. 33897	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

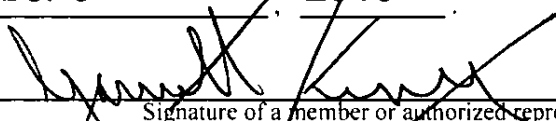
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Dated September 9, 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Garrett Kenny  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
13 SEP 18 PM 1:06  
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