

LOT 000024898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

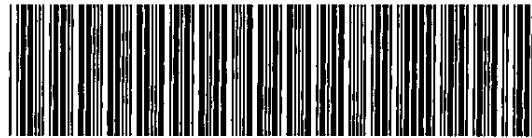
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700095365937

04/02/07--01018--008 **25.00

FILED
07 APR -2 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan APR 03 2007

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holiday Villas 405, 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:

M. Lynn P. Bikowitz

(Name of Person)

(Firm/Company)

6619 Thoroughbred Loop

(Address)

Odessa, FL 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Lynn P. Bikowitz

(Name of Person)

at (813) 920-6940

(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

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

FILED
07 APR -2 AM 10: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Holiday Villas 405, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on March 06, 2007 and assigned document number L07000024898.

SECOND: This amendment is submitted to amend the following:

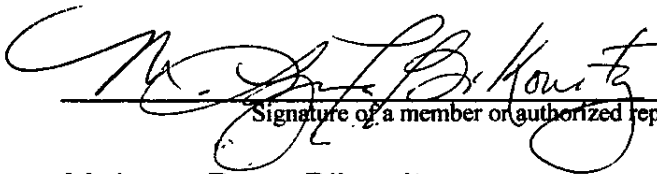
Article V -

The following managing members/managers resign effective March 07, 2007:

Laurie Spieler

Gary Lee

Dated March 28, 2007.



Signature of a member or authorized representative of a member

M. Lynn Pope Bikowitz

Typed or printed name of signee

Filing Fee: \$25.00