LD7000056413

(Requestor's Name)
(444)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooding to the coordinate of
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500166256395

02/01/10--01011--014 **30.00

FILED

10 FEB -1 AM ID: 47

SLORETARY OF STATE
SALPRASSEE, FLORIDI

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Florida Recre	eation Options, LLC			
		ted Liability Company	····		
-					
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.			
Please return all corr	respondence concerning this matter	to the following:			
		Wayne Gray			
	Name of Person				
	Wayne Gr	ay Property Management,	Inc.		
	Firm/Company				
	2722 Impala Lane				
		Address			
	Kissimmee, FL 34746				
•		City/State and Zip Code			
		Ofloridavacationshop.com to be used for future annual report noti			
For further informati	on concerning this matter, please c	eall:			
	Marina Can	407	400 0007		
Na	Wayne Gray me of Person	at (407) Area Code & Daytir	402-0327 ne 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 enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Re Di P.G	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 FEB -1 AM 10: 48

Florida	a Recreation Options, L	SECRET LC TALLAH,	ARY OF STATE ASSEE, FLORIDA
(Name of the Limited L	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	LONIDA
The Articles of Organization for this Limited Lial Florida document number	· · · · —	05/30/2007	and assigned
This amendment is submitted to amend the follow	ving:		
A. It amending name, enter the new name of t	he limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on ce address here:	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ev	star Florida stract add	lyace
	Enter Florida street address		
	City	, Florida	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>	Type of Action
MGRM	Wayne Gray Property Mana	2950 Crump Rd Winter Haven, FL 33881	Add Remove
<u>MGRM</u>	Wayne Gray	2722 Impala Lane Kissimmee, FL 34746	Add Remove
<u>MGRM</u>	Lisa Gray	2722 Impala Lane Kissimmee, FL 34746	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessor	ury.)
			FILED 10 FEB - 1 AM SECRETARY OF ALLAHASSEE, F
Dated	January 25 20	010	AM IO: 48 OF STATE E, FLORIDA
	Signature of a member	or authorized representative of a member	
	T 3	Wayne Gray	
	Туреа	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00