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S. PRATHER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RESORT HARbour Properties 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:
ANGELOL. CELMO Name of Person
RESORT HARbour Properties LLC.
17080 HARBOUR POINT DR. #101
Ft. Myers FL. 33908 City/State and Zip Code
Angelo O RESORTHAR BOUR PROPERTIES. Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Angelo Celmo at (239) 770-2559 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations
Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

. . . t. . . / / d

RESORT HARBOUR PROPERTIES 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	
Florida document number <u>L07000643</u> 0a	
The Articles of Organization for this Limited Liability Company were filed on 6/19/2007 and assigned Florida document number L0700064302 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A. CELMO LLC	· -1
A. If amending name, enter the new name of the limited liability company here:	ـــ. س ران
A. CELMO LLC	<u>.</u> .
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	_
Mailing address MAY BE A POST OFFICE BOX)	
	_
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new regi</u> agent and/or the new registered office address here:	stere
agent unapor 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 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	vlanager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			Change
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effective date is listed, the date: If the date inserted in	this block does not	t meet the applical				
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s filed.						
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:	Signature of	a member or author	rized representative of	of a member	Allasse	2022 JUL 1 1
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Filing Fee: \$25.00