

L07000068085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

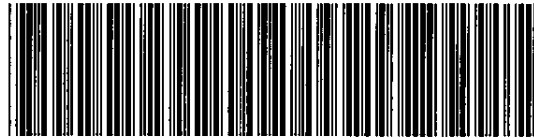
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 31 AM 7:57

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: VACATION OWNERSHIP ALTERNATIVES, 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:

ROBERT WEBER
(Name of Person)

VACATION OWNERSHIP ALTERNATIVES, LLC
(Firm/Company)

600 CROWN OAK CENTRE DR.
(Address)

LONGWOOD, FL 32750
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT WEBER at (407) 451-3456
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2007

ROBERT WEBER
600 CROWN OAK CENTRE DR
LONGWOOD, FL 32750

SUBJECT: VACATION OWNERSHIP ALTERNATIVES , LLC
Ref. Number: L07000068085

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 OCT 31 PM 4:19

RECEIVED

We have received your document for VACATION OWNERSHIP ALTERNATIVES , LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 607A00060522

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

VACATION OWNERSHIP ALTERNATIVES, LLC

(Present Name)

(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 06/28/2007 and assigned document number L07000068085.

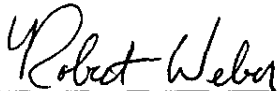
SECOND: This amendment is submitted to amend the following:

REMOVE JEREMIAN JAMES FROM LLC, NO LONGER EMPLOYED;
TERMINATED.

REMOVE REGISTERED AGENT MARK A. KALIHAR, ESQ, 2921 SW
27th AVE., COCONUT GROVE, FL 33133

AMEND REGISTERED AGENT TO: ROBERT WEBER, 600
CROWN OAK CENTRE DR, LONGWOOD, FL 32750

Dated OCTOBER 8th, 2007.



Signature of a member or authorized representative of a member

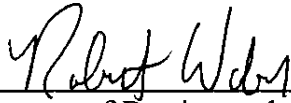
ROBERT WEBER

Typed or printed name of signee

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Filing Fee: \$25.00

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.



(Signature of Registered Agent)

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