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### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

# YACHT CLUB AT LAKE SUSAN, 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:

# Carl Christian Thier Name of Person

Urban Thier Federer & Chinnery, P.A.

200 S. Orange Avenue, Suite 2000

Orlando, Florida 32801

City/State and Zip Code

thier@urbanthier.com

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

For further information concerning this matter, please call:

# Carl Christian Thier

at (407) Area Code Daytime Telephone Number

Name of Person

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

### YACHT CLUB AT LAKE SUSAN, 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 Lia	bility Company w	vere filed on	08/07/2007	and assigned
Florida document number 204553646	L070000	189036		POIL HAR
This amendment is submitted to amend the follow	wing:			HAR 24
A. If amending name, enter the new name of t	the limited liabil	ity company he	e <u>re</u> :	entry of the second
N/A				温まし
The new name must be distinguishable and end with the we	ords "Limited Liabil	ity Company," the	designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	N/A		Dm V
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE B	OX)			
B. If amending the registered agent and/o registered agent and/or the new registered offi	_		our records,	enter the name of the nev
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
New Registered Office Hadress.	<del></del>	Enter Flor	rida street address	
			, Flor	ida
		City		Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered				· · ·

If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Type of Action Title **Name Address** 200 S. Orange Avenue, Suite 2000 G. Add YCLS, INC. MGR Orlando, Florida 32801 ■ Remove BAKAUV, INC. MGR 200 S. Orange Avenue, Suite 2000 Orlando, Florida 32801 ☐ Remove □ Add □ Remove ☐ Remove □ Remove

f amending any other information, enter change(s) here: (Attach   N/A	additional sheets, if necessary.)
IN/A	
	<u>-</u>
	-
ffective date, if other than the date of filing: he effective date must be specific, cannot be prior to date of receipt or filed date and he date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
nated March 17, 2014.	
Signature of a member or authorized represe	entative of a member
Carl C. Thier	
Typed or printed name of si	gnee

Page 3 of 3

Filing Fee: \$25.00

2014 MAR 24 PH 12: 25