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02/27/09--01009--014 **25.00



S. HAWKES MAR 2 2009 EXAMINER

COVER LETTER

TO: **Registration Section Division of Corporations**

(Name of Limited Liability Company) SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

\$

Please return all correspondence concerning this matter to the following:

Michael Love (Name of Person) Tropical Vacations Now (Firm/Company) (Firm/Company) P.O. Box 137562 Clermont, FL 34713-7562 (City/State and Zip Code)

For further information concerning this matter, please call:

Richard at $(\frac{663}{\text{(Area Code & Daytime Telephone Number)}}$

(Name of Person)

Enclosed is a check for the following amount:



□\$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

Platinum Association	Management, LLC				
(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)					
(A FIOIda Linited Lia	anty company)				
The Articles of Organization for this Limited Liability Company w	vere filed on 10-22-200 and assigned				
Florida document number <u>L07000107371</u>	The N				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
Tropical Vacations Nou					
The new name must be distinguishable and end with the words "Limited" "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation				
· · · · · · · · · · · · · · · · · · ·					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
	_				
Enter new mailing address, if applicable:	D.O. Box 137562				
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u>Clermont</u> , FL				
	54 +13 - 7562				

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:			
New Registered Office Address:	16641 Cagan C.	rossings Blud	, Unit 7
		nter Florida street add	
	Clermont	, Florida	34714
	(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 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
P.S.T	Richard Ular +	-el 4919 stone Acres C: <u>St. cloud, FL</u> 3477	► Add B Remove
<u>VP.5.7</u>	Michael Love	e P.O. Box 137562 	
- <u>-</u>	Richard Mar	tel P.O. Box 137562 <u>clermont</u> , FL 34713	- 7562 N
			Add C
	,		Add Remove
			Add Remove
D. If am	Article III -	nter change(s) here: (Attach additional sheets, if n The for pose for whice by company is organized VACATION SERVICES	In this
Dated	Ban february 4		
	Signature o Richard	of a member or authorized representative of a member Way tel Typed or printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00