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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291

Phone : (407)847-7466 Fax Number

: (407)847-6641

## LLC AMND/RESTATE/CORRECT OR M/MG RESIG

TIMESHARE RESALE WORLD, LLC

| Certificate of Status | . 0     |
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M. THOMAS

JUILHEIJ 2008

EXAMINER

108

07/02/08

## **COVER LETTER**

| Division of Cor             | porations                                   |  |   |                                  |        |
|-----------------------------|---|--|---|----------------------------------|--------|
| SUBJECT: TIMESI             | HARE RESALE WO                              | RLD. LLC   |   | 0                                |        |
|                             |   | ited Liability Company)  | · · · · · · · · · · · · · · · · · · ·   | <b>.</b>                         |        |
|                             |   |  |   |                                  |        |
| The enclosed Articles of    | Amendment and fec(s) are sub                | omitted for filing.  |   |                                  |        |
| Please return all correspo  | ondence concerning this matter              | to the following:  |   |                                  |        |
|                             |   |  | •   |                                  |        |
|                             | Valerie Lee                                 |  |   |                                  |        |
|                             |   | (Name of Person)   |   |                                  |        |
|                             | Swart Baumruk & Comp                        | anv. LLP   |   |                                  |        |
|                             |   | (Firm/Company)   |   |                                  |        |
|                             | 4464 185                                    |  |   |                                  |        |
|                             | 1101 Miranda Lane                           | (Address)  |   |                                  |        |
|                             |   | ( 'dan day)  |   |                                  |        |
|                             | Kissimmee, FL 34741                         | •  |   |                                  |        |
|                             |   | (City/State and Zip Code)  |   | AE (3)                           |        |
|                             |   |  |   | 三 発生                             |        |
| For further information o   | oncerning this matter, please c             | all:   |   | OB JUL -3                        | ****** |
| Valerie Lee                 |   | at (_407_) 847-7466  |   | HIZ W                            |        |
|                             | of Person)                                  | (Area Code & Daytime To  | elephone Number)  | 三年 金                             | Ü      |
| `                           | ŕ   | ·  | •   | AM IO: 01<br>OF STATE<br>FLORIDA |        |
|                             |   |  |   | 2 mg                             |        |
| Enclosed is a check for the | ne following amount:                        |  |   | •                                |        |
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314

TO:

Registration Section

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

| (Name of the Limited Lability Compa<br>(A Florida Limited I  | C<br>Inv as it now appears on o<br>Liability Company) | ar records.)               | **                     |
|--|---|----------------------------|------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number L08000047790                   | were filed on May 13, 2                               | 20088                      | nd assigned            |
| This amendment is submitted to amend the following:  |   |                            |                        |
| A. If amending name, enter the new name of the limited liah  | oility company here:                                  |                            |                        |
| The new name must be distinguishable and end with the words "Limit"L.L.C."   | ited Liability Company," th                           | e designation "LLC" (      | or the abbreviation    |
| Enter new principal offices address, if applicable:  | 4499 South Orange B                                   | lossom Trail               |                        |
| (Principal office address MUST BE A STREET ADDRESS)  | Kissimmee, FL 3474                                    | 5                          |                        |
| Enter new mailing address, if applicable:  | 1101 Miranda Lane                                     |                            |                        |
| (Mailing address MAY BE A POST OFFICE BOX)   | Kissimmee, FL 3474                                    | 1                          | E.S. S                 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her |   | cords, <u>enter the ns</u> | ome of the new FLORID: |
| Name of New Registered Agent:  |   | W. Comp. 1                 | <u> </u>               |
| New Registered Office Address:   | (Enter Fl   | orida street address)      |                        |
|  | (624.)  | , Florida                  | C. L.                  |
|  | (City)  | (Zi                        | p 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>        | Name                                    | Address  | Type of Action      |
|---------------------|---|--|---------------------|
| MGRM                | WSM Ventures, LLC                       | 3850 Crosley Avenue<br>St. Cloud, Florida 34772    | ■7 Add<br>■ Remove  |
|                     |   |  | Add Remove          |
| ,                   |   |  | Add Remove          |
|                     |   |  | Add Remove          |
|                     |   |  | Add Remove          |
|                     |   |  | Add Affi<br>Remove: |
| D. If amendin       | ng any other information, enter change( | s) here: (Attach additional sheets, if necessary.) | AH 10: 01           |
|                     |   |  | _                   |
|                     | 2000                                    |  | <del></del>         |
| Dated <u>July 2</u> | Signature of a member of                | r authorized representative of a member            |                     |
| _                   | Jennifer Rutherford as Pre              | sident of E & J Concepts, Inc.                     |                     |

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