

L08000067762

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J. BRYAN

AUG 12 2008

EXAMINER



# *Carollo Real Estate*

WWW.CAROLLOREALESTATE.COM

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Anthony Carollo  
C/O Carollo Real Estate  
10-17 154 Street  
Whitestone, NY 11357

718-747-7747 – direct  
718-747-7748 – fax

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## **LICENSED REAL ESTATE BROKERAGE**

199-20 32ND AVENUE, BAYSIDE, NY 11358 • TEL: 718-224-3083 FAX: 718-224-3583  
10-17 154TH STREET, WHITESTONE, NY 11357 • TEL: 718-747-7747 FAX: 718-747-7748  
427 WILLIS AVENUE, WILLISTON PARK, NY 11596 • TEL: 516-741-3333 FAX: 516-741-3364

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palm Coast Vacation Resort 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:

Anthony Carollo

(Name of Person)

(Firm/Company)

10-17 154th street

(Address)

Whitestone

(City/State and Zip Code)

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For further information concerning this matter, please call:

Anthony Carollo at ( 718 ) 747-7747  
(Name of Person) (Area Code & Daytime Telephone Number)

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**

Palm Coast Vacation Resort 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 July 14, 2008 and assigned  
Florida document number 108000067762.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**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, enter the name of the new registered agent and/or 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 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)

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DIVISION OF CORPORATE  
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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard Difede	101 Palm Harbour Pkwy	<input checked="" type="checkbox"/> Add
		Palm Coast FL, 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_

\_\_\_\_\_

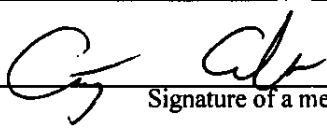
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\_\_\_\_\_

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DIVISION OF CORPORATIONS  
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Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 ANTHONY CARULLO  
 \_\_\_\_\_  
 Typed or printed name of signee