

L08000015185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L08-75185

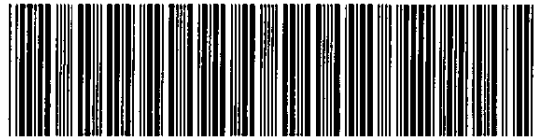
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300159330693

08/31/09--01019--019 **43.75

J. BRYAN

OCT 29 2009

EXAMINER

N. C. C. C.

SEP 28 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Polo Park Plaza 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:

Louis Witter

Name of Person

Global Investments Management Inc.

Firm/Company

533 Cogan Park Ave

Address

Clermont FL 34714

City/State and Zip Code

~~Louis Witter~~ Lwitt750@hotmail.com

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

For further information concerning this matter, please call:

Louis Witter

Name of Person

at (321) 946 9944

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 28, 2009

LOUIS WITTER
243 SUMMER PLACE LOOP
CLERMONT, FL 34747

SUBJECT: POLO PARK PLAZA LLC
Ref. Number: L08000075185

We have received your document for POLO PARK PLAZA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved was revoked for failure to file the annual report as required by law. To reinstatement this LLC go to SUNBIZ.ORG under Efiling Services and select Reinstatement. Once the Reinstatement is filed you can resubmit the Amendment form to change the name.

Please return 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 909A00029371



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2009

LOUIS WITTER 2ND ML
243 SUMMER PLACE LOOP
CLERMONT, FL 34747

SUBJECT: POLO PARK PLAZA LLC
Ref. Number: L08000075185

We have received your document for POLO PARK PLAZA LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 909A00029371

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Polo Park Plaza 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 August 21st and assigned
Florida document number L08000075185.

This amendment is submitted to amend the following:

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

High Grove Fractional Homes LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

533 Cogan Park Ave
Clermont FL 34714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. 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:

533 Cogan Park Ave
Enter Florida street address

Clermont
City

Florida EE 34714
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

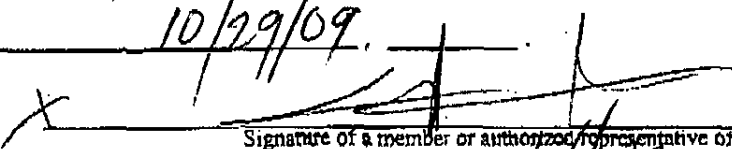
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	ELVA HAMILTON	1741 NE 161 ST KISSIMISSA FL 33162	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LOUIS WITTER	3821 A Canal Palm CT KISSIMISSA FL 34714	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Global Investments, Manager	533 CAGAN PARK AVE KISSIMISSA FL 34714	<input checked="" 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.)

Dated X

10/29/09

X 
Signature of a member or authorized representative of a member
X LOUIS WITTER
Typed or printed name of signer