

L080000 75185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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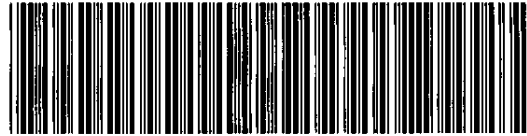
(Business Entity Name)

(Document Number)

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JUL 22 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

J. BRYAN

JUL 25 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2011

LOUIS WITTER
GLOBAL INVESTMENTS & MANAGEMENT INC
8821A CORAL PALM COURT
KISSIMMEE, FL 34747

SUBJECT: HIGH GROVE FRACTIONAL HOMES LLC
Ref. Number: L08000075185

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HIGH GROVE FRACTIONAL HOMES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 811A00016493

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: High Grove Fractional Home 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
High Grove Fractional Home LLC
Firm/Company
4403 Sunvillage Blvd
Address
Kissimmee FL 34746
City/State and Zip Code
LWIT750@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis Witter at (321) 946 9944
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

High Grove Fractional home 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 08/01/2008 and assigned
Florida document number LO8000075185

This amendment is submitted to amend the following:

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

N/A

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)

4403 Sun Village Blvd
Kissimmee FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 137973
Clermont FL 34713

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City, Florida 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.

N/A

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Paul R Befourney	7830 Lomway Rd New Smyrna Beach FL 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
BeB	Elva Hamilton Dillon	1241 NE 161 ST North Miami Beach FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Elaine Witter	132 Solelun DR Davenport FL 33897	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
DIR	VERNA STEWART	132 Solelun DR Davenport FL 33897	<input type="checkbox"/> Add <input checked="" 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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 22 AM 7:00

FILED

Dated

07/20/11

Signature of a member or authorized representative of a member

Louis Witter

Typed or printed name of signee