

L080000082622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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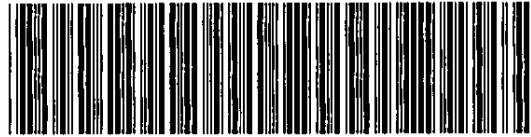
(Business Entity Name)

(Document Number)

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RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
DEC 22 2009
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 22 PM 4:58

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Green Coast Villas Reservation Services, LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 22 PM 4:58

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

Please return all correspondence concerning this matter to the following:

Kimberly D. Garner

Name of Person

Green Coast Villas Reservation Services, LLC

Firm/Company

1700 Summit Lake Drive

Address

Tallahassee, FL 32317

City/State and Zip Code

Kim.garner@mainline.com

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

For further information concerning this matter, please call:

Kimberly D. Garner

Name of Person

at (850)

219-5221

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**

Green Coast Villas Reservation Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on August 29, 2008 and assigned Florida document number L0800082622.

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: 1700 Summit Lake Drive
(Principal office address **MUST BE A STREET ADDRESS**) Tallahassee, FL 32317

Enter new mailing address, if applicable: 1700 Summit Lake Drive
(Mailing address **MAY BE A POST OFFICE BOX**) Tallahassee, FL 32317

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: Atrium Registered Agents, Inc.
New Registered Office Address: 1500 San Remo Avenue Suite 125
Enter Florida street address
Coral Gables, Florida 33146
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.

Atrium Registered Agents, Inc.
By: [Signature] Vice President
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> |
|--------------|--------------------|--|--|
| MGRM | Russell S. Doster | 526 East Park Avenue Tallahassee, FL 32301 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Jana R. Sayler | 2615 Centennial Drive Suite 200 Tallahassee, FL 32308 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Kimberly D. Garner | 1700 Summit Lake Drive Tallahassee, FL 32317 | <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 _____



Signature of a member or authorized representative of a member

Kimberly D. Garner

Typed or printed name of signee