2080000097622

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APR 18 2010

EXAMINER

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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT:		eshare Depot, LLC ed Liability Company		
	mendment and fee(s) are subsidence concerning this matter	-		
		Marco Palermo Name of Person		
				
Firm/Company 7002 Hiawassee Overlook Drive				2011
	Address Orlando, Florida 32835			APR 15
	City/State and Zip Code mpalermo2@cfl.rr.com			L L U
For further information con	E-mail address: (to accerning this matter, please ca	be used for future annual report notificat	ion)	
Marc Name of F	co Palermo Person	at (407) 23 Area Code & Daytime T	34-9172 elephone 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)	Sectificate of State Certified Copy (additional copy	atus &

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

Premium Timesh	nare Depot, L	LC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	i ny as it now appe a Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L08000097622	were filed on	TAPR -	
This amendment is submitted to amend the following:		SSE S	
A. If amending name, enter the new name of the limited liab	oility company he	re:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: 7002 Hiawassee Overlook Drive			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32835		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7002 Hiawas	see Overlook Drive	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on		
Name of New Registered Agent:			
New Registered Office Address:	E)	nter Florida street address	
	1.1		
	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.

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 = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	BRANDON BOOTH	6214 STEVENSON DRIVE STE 203 ORLANDO,FL 32835	Add _☑ Remove
			Add Remove
			Add Remove
	······	<u> </u>	Add Remove
		<u></u>	ZO Z
 -			Jc∐vep []] Sign on []
D. If amendi	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
_			-
			_
Dated	APRIL 11 , 201	$\mathcal{O}_{\mathcal{O}}$	
	Signature of a friember of	of authorized representative of a member	
		RCO PALERMO	
	Typed o	or printed name of signee	. ,

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Filing Fee: \$25.00