

## Electronic Filing Cover Sheet

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(((H08000269690 3)))



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To:

Division of Corporations

Fax Number

: (850)617-63B3

From:

Account Name : DIVINE & ESTES, P.A.

Account Number ; I20020000158 Phone : (407)426-9500

Fax Number

: (407)426-8030

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## NEDE RESORT MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. HAWKES

12/8/2008

(((H08000269690 3)))

#### COVER LETTER

TO: Registration Section Division of Corporations

NEDE RESORT MANAGEMENT, 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:

RUSSELL W. DIVINE
(Name of Person)
DIVINE & ESTES, P.A.
(Firm/Company)
24 SOUTH ORANGE AVENUE
(Address)
ORLANDO, FL 32801
(City/State and Zip Code)

For further information concerning this matter, please call:

**BUSSELL W. DIVINE** ) 407/426-9500 (Name of Person)

(Area Code & Daytims 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)

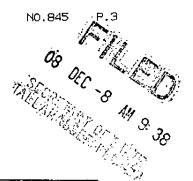
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahasses, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

DEC. 8.2008 5:15PM DIVINE & ESTES, P.A.

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



NEDE RESORT MANAGEMENT, 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 Liabil	lity Company were filed on 11/19/2008	and assigned
Florida document number L08000107565		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
/ALHALLA RESORT MANAGEMENT, LLC The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," the design	mation "LLC" or the abbreviation
Enter new principal offices address, if applicable	ei	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		·····
B. If amending the registered agent and/or registered agent and/or the new registered office		, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
		orida
	(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 affice 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)

(((H08000269690 3)))
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>	Name	Address	Type of Acti
***************************************			Add Remove
	<u>.</u>		Add Remove
			Add Removs
			Add Remove
	<u>.</u>		Add Remove
			Add Remove
D. If amending	g any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
			· ·
Dated December	1/1/10	•	- <del></del>
_	1/	authorized representative of a member	<del></del>
_	RAYMOND CROUSE, JR. Typed or	printed name of signee	<del></del>

Page 2 of 2

Filing Fce: \$25.00