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D. BRUCE FEB 2 6 2009 EXAMINER

## **COVER LETTER**

SUBJECT: TIMESI	HARE TRADER, LL	С				+
		ited Liability Company)				_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
	MICHAEL DAVIS			_		
		(Name of Person)				
TIMESHARE TRADER, LLC						
		(Firm/Company)		<del>-</del>		
	205 E. Central Blvd. Suit	e 500		_		
		(Address)				
	Orlando, FL 32801			IAS	0	
		(City/State and Zip Code)		ECRE	33.6	Caralle in
For further information c	oncerning this matter, please c	all:		TARY C	EB 25 AMIL: 1.0	
MICHAEL DAVIS		at ( 407 ) 491-2327		COF S	<b>X</b>	
(Name	of Person)	(Area Code & Daytime T	•		 5	J
Enclosed is a check for the	ne following amount:					
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	iling Fee, tate of Sta ed Copy onal copy		

**MAILING ADDRESS:** 

Registration Section Division of Corporations

TO:

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

TIMESHARE TRADER, LLC			
( <u>Name of the Limited</u> ) (A	L <mark>iability Com</mark> Florida Limited	pany as it now appears on our reco d Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Lia	ability Compar	ny were filed on JANUARY 28TH	and assigned
Florida document number L09000009560			
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited li	ability company here:	
TIMESHARE INNOVATORS, LLC			D.
The new name must be distinguishable and end with "L.L.C."	the words "Li	mited Liability Company," the design	nation "U.C" we the abbreviatio
Enter new principal offices address, if applica	ble:	SAME	AR ASS
(Principal office address MUST BE A STREE)	(ADDRESS)		me a m
Enter new mailing address, if applicable:		SAME	4.9 NTE NDA
(Mailing address MAY BE A POST OFFICE E	BOX)		
B. If amending the registered agent and/o registered agent and/or the new registered off			enter the name of the nev
Name of New Registered Agent:	SAME		
New Registered Office Address:	SAME		
		(Enter Florida s	treet address)
			rida
		(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.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** SAME \_ Add Remove Remove Add 🗂 Remove ☐ Add ☐ Remove ☐ Remove r Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SAME Dated FEBRUARY 23RD 2009 Signature of a member or authorized representative of a member MICHAEL DAVIS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00