## L0900043059

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |

Office Use Only

G. MCLEOD

JUN 23 2010

EXAMINER



200181311592

06/21/10--01010--010 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

10 JUN 21 PM 2:58

## **COVER LETTER**

| TO:          | Registration Sec<br>Division of Corp |   |  |  |
|--------------|--------------------------------------|---|--|--|
| SUBJE        | CT:                                  | VISTA CA  | Y REALTY, LLC  |  |
|              |                                      |   | ted Liability Company  |  |
| The enc      | closed Articles of                   | Amendment and fee(s) are sub  | omitted for filing.  |  |
| Please r     | eturn all correspor                  | dence concerning this matter  | to the following:  |  |
|              |                                      |   | LARAINE FRAHM  |  |
|              |                                      |   | Name of Person   |  |
|              |                                      | VIS   | TA CAY REALTY,   | LLC  |
|              |                                      |   | Firm/Company   | •  |
|              |                                      | 9924 UN   | IIVERSAL BLVD. S   | UITE 244   |
|              | •                                    |   | Address  |  |
|              |                                      | ORL   | ANDO, FLORIDA 3  | 32819  |
|              |                                      |   | City/State and Zip Code                                      |  |
|              |                                      | LARAINE@M   | IILLENIUMMANAG   | EMENT.COM  |
|              |                                      |   | to be used for future annual                                 | report notification)   |
| For furt     | her information co                   | ncerning this matter, please o  | call:  |  |
|              | LARA                                 | INE FRAHM   | at ( 40 <b>7</b> )   | 996-4050 OR 4647   |
|              | Name of                              | Person  | Area Code  | 996-4050 OR 4647 c & Daytime Telephone Number                                  |
| Enclose      | ed is a check for the                | e following amount:   |  | 1  |
| <b>₹</b> 25. | 00 Filing Fee                        | \$30.00 Filing Fee & Certificate of Status                                | \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy i | Certificate of Status &  |
|              | Registra<br>Division<br>P.O. Bo      | NG ADDRESS:<br>tion Section<br>of Corporations<br>x 6327<br>see, FL 32314 | Registrat<br>Division<br>Clifton E                           | T/COURIER ADDRESS: tion Section of Corporations Building ecutive Center Circle |

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VISTA CAY R   | EALTY, LLC                                |                                |   |  |
|---|---|--------------------------------|---|--|
| (Name of the Limited Liability Compa)<br>(A Florida Limited L   | ny as it now appeau<br>Jiability Company) | rs on our records.)            |   |  |
| The Articles of Organization for this Limited Liability Company  Florida document numberL0900043059   | were filed on                             | O5/O4/09                       | and assigned  |  |
| This amendment is submitted to amend the following:   |   | ·                              |   |  |
| A. If amending name, enter the new name of the limited liab   | ility company her                         | e:                             |   |  |
| The new name must be distinguishable and end with the words "Limi"L.L.C."   | ted Liability Compa                       | any," the designation "l       | LLC" or the abbreviation                                    |  |
| Enter new principal offices address, if applicable:   | 9924 UNIVE                                | 9924 UNIVERSAL BLVD. SUITE 244 |   |  |
| (Principal office address MUST BE A STREET ADDRESS)   | ORLANDO, I                                | FLORIDA 32819                  |   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | fice address on o                         | our records, <u>enter</u>      | 10 JUN 2 PM 25 the new that ARRY OF STAME 14 SSEE, FLOORING |  |
| registered agent and/or the new registered office address ner   |   |                                |   |  |
| Name of New Registered Agent:   |   |                                |   |  |
| New Registered Office Address:  | Er  | nter Florida street add        | dress   |  |
|   |   | , Florida                      |   |  |
|   | 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, 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>  | Type of Action |  |  |  |  |  |
|-------------------------------------|----------------------------------|---|----------------|--|--|--|--|--|
| MGR                                 | GLENN BACKES                     | 9924 UNIVERSAL BLVD, SUITE 244<br>ORLANDO, FLORIDA 32819        | Add Remove     |  |  |  |  |  |
| MGRM                                | GLENN BACKES                     | 9924 UNIVERSAL BLVD, SUITE 244<br>ORLANDO, FLORIDA 32819        | Add Remove     |  |  |  |  |  |
| MGR_                                | LARAINE FRAHM                    | 9924 UNIVERSAL BLVD, SUITE 244<br>ORLANDO, FLORIDA 32819        | ✓ Add Remove   |  |  |  |  |  |
| MGRM                                | WESLEY D. FRAHM                  | 9924 UNIVERSAL BLVD. SUITE 244<br>ORLANDO, FLORIDA 32819        | Add<br>Remove  |  |  |  |  |  |
|                                     |                                  |   | Add<br>Remove  |  |  |  |  |  |
|                                     |                                  |   | Add<br>Remove  |  |  |  |  |  |
| D. If ame                           | ending any other information,    | enter change(s) here: (Attach additional sheets, if necessary.) | 1              |  |  |  |  |  |
| _                                   | OWNERSHIP PERCENTA               | AGE OF VISTA CAY REALTY, LLC BY ITS MEMBE                       | RS             |  |  |  |  |  |
| <u> </u>                            | LARAINE FRAHM - MGR - 40 PERCENT |   |                |  |  |  |  |  |
| GLENN BACKES - MGRM - 40 PERCENT    |                                  |   |                |  |  |  |  |  |
| WESLEY D. FRAHM - MGRM - 20 PERECNT |                                  |   |                |  |  |  |  |  |
| -                                   |                                  | ,   | <u> </u>       |  |  |  |  |  |
| Dated                               | JUNE 15                          |   |                |  |  |  |  |  |
|                                     | Signature                        | of a member or authorized representative of a member            | <del></del>    |  |  |  |  |  |
|                                     | Signature                        | GLENN BACKES  |                |  |  |  |  |  |
|                                     |                                  | Typed or printed name of signee                                 | <del></del>    |  |  |  |  |  |

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Filing Fee: \$25.00