

W04000045008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

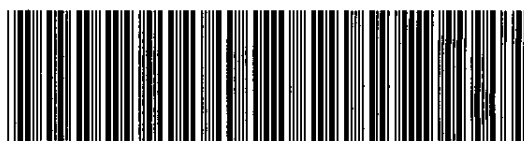
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400163643054

01/11/10--01012--021 **25.00

FILED
2010 JAN 11 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JAN 12 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DESTINATIONCLUBFORUMS.COM, 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:

WILLIAM SCHERER

Name of Person

Firm/Company

2583 NW 23RD WAY

Address

BOCA RATON, FL 33431

City/State and Zip Code

tgradiz@gmail.com

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

For further information concerning this matter, please call:

WILLIAM SCHERER

Name of Person

at **954, 614-6691**

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

FILED
2010 JAN 11 PM 10:28
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

DESTINATIONCLUBFORUMS.COM, 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 Liability Company were filed on MAY 8, 2009 and assigned
Florida document number L09000045008.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

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:

(Principal office address MUST BE A STREET ADDRESS)

455 DANUBE DRIVE

KISSIMMEE, FL 34759

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

455 DANUBE DRIVE

KISSIMMEE, FL 34759

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:

TANIA GRADIZ

New Registered Office Address:

455 DANUBE DRIVE

Enter Florida street address

KISSIMMEE

, Florida

34759

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.

Tania Gradiz

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	WILLIAM SCHERER	2583 NW 23RD WAY BOCA RATON, FL 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TANIA GRADIZ	455 DANUBE DRIVE KISSIMMEE, FL 34759	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated January 7, 2010.

William P Scherer

Signature of a member or authorized representative of a member

William P Scherer

Typed or printed name of signee

FILED
2010 JAN 11 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA