

L09000048622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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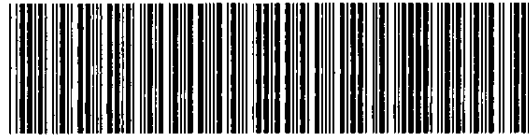
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR - 9 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Celebrity Resorts of Pennsylvania Management Company,
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:

Anna M. DiRocco

Name of Person

Legacy Vacation Club

Firm/Company

P. O. Box 690999

Address

Orlando, Florida 32869-0999

City/State and Zip Code

anna.dirocco@lvcresorts.com

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

For further information concerning this matter, please call:

Anna M. DiRocco

Name of Person

at (407)

997-5774

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

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TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Celebrity Resorts of Pennsylvania Management Company, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 18, 2009 and assigned
Florida document number L09000048622.

This amendment is submitted to amend the following:

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

Legacy Vacation Club Services, LLC

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:

8451 Palm Parkway

(Principal office address MUST BE A STREET ADDRESS)

Orlando, Florida 32836

Enter new mailing address, if applicable:

P. O. Box 690999

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, Florida 32869-0999

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:

Marty A. Stone

New Registered Office Address:

8451 Palm Parkway

Enter Florida street address

Orlando

, Florida

32836

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>	<u>Type of Action</u>
MGR	Legacy Hospitality Holdings, LLC	P. O. Box 690999 Orlando, Florida 32869-0999	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Celebrity Resorts Holding Company, LLC	4700 Millenia Blvd. - Suite 600 Orlando, Florida 32839	<input type="checkbox"/> Add <input checked="" 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 MARCH 3, 2011.

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 TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

Jared M. Meyers

Typed or printed name of signee