## L1000020367

(Requestor's Name)				
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## , COVER LETTER

TO: Registration S Division of Co	ection rporations			
SUBJECT:	WARREN HIL	L GETAWAYS L.L.C.		
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	DO	UGLAS K. POWELSON		
	. Name of Person			
	WARRE	N HILL GETAWAYS L.L.C.		
		Firm/Company		
	7651-B A	SHLEY PARK CT, SUITE 40	6	
		Address		
	ORLANDO, FL 32835			
	City/State and Zip Code			
	E-mail address: (	tion)		
For further information	concerning this matter, please o			
Doug	las K. Powelson	at (_407_)90	02-9902	
Name of Person Area Code & Daytime Telephone Num		elephone Number		
Enclosed is a check for t	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED: 10 MAY 13 PM 1: 54

WARREN	HILL GETAWAYS L.I	C. JALLAHA	ARY OF STATE SSEE, FLORIDA
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears la Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document numberL10000020367		2/22/2010 an	d assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Compar	y," the designation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on or idress here:	r records, <u>enter the na</u>	me of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	r Florida street address	
	C'u	, Florida	<u></u>
	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>	Address	Type of Action
MGRM	JENNIFER L. POWELSON	632 WESTHAMPTON CT WINTER GARDEN, FL 34787	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	y.)
			10 MAY 13 PM
Dated	MAY 12 ,20	<u>110</u> .	1:54 STATE STATE
_	Signature of a Member	r or authorized representative of a member	<del></del>
		SLAS K. POWELSON	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00