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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Ocala Sun K Name of Limite	V Resort UC ed Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	<b>弱。 あ</b> 。
Please return all correspo	ndence concerning this matter t	to the following:	
	<u>beni</u>	Se L. Simms Name of Person	26 PH = 1
	Ocala	Sun RV Resort	t, uc
,		SW Hwy 484 Address	
	Ocala	FZ 34473 City/State and Zip Code	
	denisesim E-mail address: (to	o be used for future annual report notificati	C on)
For further information co	oncerning this matter, please ca	ill:	
Denise of	L. Simms	at ( <u>352 )</u> 307 - // 0 0	•
Name o	f Person	Area Code & Daytime Te	lephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S60.00 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

Ocala Sun RV Rosert, UC
(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 $\frac{3/10/2010}{2010}$ and assigned
Torida document number 610000 2/302
This amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
the new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation L.L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here:  Name of New Registered Agent:  Mailing address, if applicable:    Mailing address, if applicable:   Mailing address MAY BE A POST OFFICE BOX)   A 559 SW Hwy 484   DCMA FT 34473   A 473     Mailing address MAY BE A POST OFFICE BOX)   A 559 SW Hwy 484   DCMA FT 34473   A 473     Mailing address MAY BE A POST OFFICE BOX)   A 559 SW Hwy 484   DCMA FT 34473   A 473     Mailing address MAY BE A POST OFFICE BOX)   A 559 SW Hwy 484   DCMA FT 34473   DCMA FT 3
7550 Cu/ 11 11011
Enter Florida street dadress
<u>Oula</u> , Florida 34423
City Zip Code
New Registered Agent's Signature, if changing Registered Agent:
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.
11 Changing Registered Agent, Signature of New Registered Agent
Page 1 of 3 Elite Se and

The foregoing document was signed before me this z 541,6 243 by penie ( Size whom provided as identification and did not told

EDITH SERRANO

Notary Public, State of Florida

Commission # EE 862442

My comm. expires Jan. 19, 2017

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:

1

MGR = Manager

MGRM = Managing Member **Type of Action Address Title** <u>Name</u> Michael P. Wood 354 N. Hambletonian Dr. Add

Inverness, F. 34453 Remove MGRM Remove Remove Add Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar	y.) 		
	<del></del>		
Dated July 23 , 2013.			
Signature of a member or authorized representative of a member		_	
Denise L. Simms as Chief Executive Typed or printed name of signee	Man	eth	
Page 3 of 3			
Filing Fee: \$25.00			
The foregoing document was signed before me this zzda za by Deaze & Single whom provided	HEIR	ಪ <u>=</u>	
Elil Survey Course		. 26 PM	Australia Sustainer
EDITH SERRANO  Notary Public, State of Florida  Commission # EE 862442  My comm. expires Jan. 19, 2017	FLOREM	<b>4:57</b>	

## AFFIDAVIT REGARDING OCALA SUN RV RESORT, LLC

Being duly sworn, I, Denise L. Simms, hereby declare that the following statements are true and correct to the best of my knowledge and belief, under penalties of perjury:

- 1. I am the Chief Executive Manager of Ocala Sun RV Resort, LLC, a Florida limited liability company, and own a 42.48% membership interest therein as per the most recent (2012) K-1 issued by the LLC's CPA.
- 2. I have been acting as Chief Executive Manager of Ocala Sun RV Resort, LLC since October 29, 2010, when Michael P. Wood was removed as Chief Executive Manager and as a Managing Member. I continue to hold this title currently.
- 3. The other Member/Manager, Shawn A. Simms, owns a 42.48% membership interest as per the most recent (2012) K-1 issued by the LLC's CPA. Shawn A. Simms and Denise L. Simms collectively account for the majority in interest of Ocala Sun RV Resort, ELC. Shawn A. Simms agrees that the following statements are true and correct and has signed below acknowledging his agreement.

DENISE L. SIMMS,

Chief Executive Manager/Member

STATE OF FLORIDA COUNTY OF MARION

Sworn to (or affirmed) and subscribed before me this 23<sup>rd</sup> day of July, 2013, by Denise L. Simms as Chiefining Live Manager and Member of Ocala Sun RV Resort, LLC.

Notary Public: Robert A. Stermer

Personally Known \_\_\_\_ OR Produced Identification \_\_\_ Type of Identification Produced

Acknowledged and agreed to on July 23, 2013.

SHAWN A. SIMMS Manager/Member