

**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Resort Owners Group, 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:

Scott Roix  
Name of Person

Resort Owners Group, LLC  
Firm/Company

11515 Leeward St. N.  
Address

Largo, FL 33773  
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott Roix at (727) 533-8730  
Name of Person Area Code & Daytime Telephone Number

FILED  
10 AUG 18 PM 1:04  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

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

Resort Owners Group, 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 June 7, 2010 and assigned Florida document number L10000060014

This amendment is submitted to amend the following:

**A. 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."

**Enter 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)**

FILED  
10 AUG 18 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*Enter Florida street address*

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

MGR	Richard K. Britz	39540 Golden Gate Dr. Ormatilla, FL. 33784	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
-----	------------------	---	--

MGRM	Anthony E. Ballester	20 W. Spanish Main St. Tampa, FL. 33609	<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 August 16, 2010.

  
Signature of a member or authorized representative of a member

Scott Roix

Typed or printed name of signee

FILED  
10 AUG 18 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA