## L1000006614

(Requestor's Name)
(Address)
(**************************************
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Codificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>
·

Office Use Only



000185777910

10/01/10--01001--005 \*\*25.00

DEVALUACION ON CLAIE DIVISION OF CORPORATION TALLAHASSEE, FLORIDA

0 SEP 30 RH 2: I

10 SEP 30 PM &: 24
PAECARIASSEE, FLORIDA

S. HAWKES

SEP 3 0 2010

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:
Seoti G. Roix Name of Person
Scott G. Roix Name of Person  RESORT OWNERS GROUP LLC Firm/Company
11515 66th Street N Address
Largo, FL 33773 City/State and Zip Code
Seve @ rocer oper fies com  E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Scott G. Roix at 727, 533, 8730  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Solution} \text{Filing Fee & Solution} \text{Solution} \text{Certificate of Status & 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

(Name of the Limited L	Ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabi	ility Company were filed on Jui	ne 7, 2010 and assented	
This amendment is submitted to amend the following	ing:	100 m	
A. If amending name, enter the new name of th	e limited liability company here:	2000	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
	<del> </del>	<del> </del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our eaddress here:	records, enter the name of the new	
Name of New Registered Agent:	11.00 - 1.11		
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida 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

<ul> <li>If amending the Managers or Managing Members or Managing Member being added or removed from</li> </ul>	on our records, <u>enter the title, name, and addre</u> <u>n our records</u> :	ss of each Manager
MGR = Manager MGRM = Managing Member	•	
<u>Title</u> <u>Name</u>	Address	Type of Action
MGRM ANTHONY E. BALLESTERO	20 W. Spanish Moun St.	Add ⊠Remove
		Add Remove
		Add Remove
		Add Remove
<del></del>	•	Add Remove to 2
		Ardd Remove
D. If amending any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	_
		<b>-</b>
		_
Dated September 30, 20		
Slott G.	or authorized representative of a member  ON Solution of signee	

Page 2 of 2

Filing Fee: \$25.00