## L1000080930

(Re	equestor's Name)	_			
(Ad	ldress)				
(Ad	(Address)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Do	cument Number)	<del></del>			
Certified Copies	_ Certificates	of Status			
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## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations	, .	n,			
SURIE	Ст•	Timesh	are Venues LLC				
50501	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:							
	Derrick Howden						
			Name of Person				
	Leisure Travel Vacations						
			Firm/Company	·			
	1011 E. Colonial Drive						
	Address						
			Orlando, Fl 32803				
			City/State and Zip Code				
	derrick@leisuretravelvacations.com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:							
	De	rrick Howden	at ( 321 )	402-4499			
	Name	me of Person Area Code & Daytime Telephone Number		ne Telephone Number			
Enclose	d is a check for	the following amount:					
<b>\$2</b> 5.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Regisi Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COUR Registration Section Division of Corport Clifton Building 2661 Executive C	prations			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Timeshare Ve	enues LLC	SECTION	ARY OF 671-
Timeshare Ve (Name of the Limited Liability Company (A Florida Limited Liability)	v as it now appears ability Company)	s on our recorts.	SSEE, FLORIDA
The Articles of Organization for this Limited Liability Company v			and assigned
Florida document numberL10000080930			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here		
Leisure Travel Va	cations LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		NA	· · · · · · · · · · · · · · · · · · ·
(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 here:		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	N)A		
New Registered Office Address:	, , , , , , , , , , , , , , , , , , ,		
	Ent	er Florida street ad	dress
		, 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 **Type of Action** Address ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 11 2012 Dated \_\_ Signature of a member or authorized representative of a member **Derrick Howden** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00