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EXAMINER

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	UNITED 1	TIMESHARE LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	condence concerning this matte	to the following:		
		LARRY LEWIS		
		Name of Person		
	UNITED TIMESHARE LLC			
		Firm/Company		
	11310 S.	ORANGE BLOSSOM TRAIL		
		Address		
		ORLANDO,FL 32837		
		City/State and Zip Code		
	E-mail address: (TIMESHARE@YMAIL.COM to be used for future annual report notificat	on)	
For further information	concerning this matter, please	call:		
L/	ARRY LEWIS	at (877) 73	3-6838	
Name	of Person	Area Code & Daytime Te	elephone Number	
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)	
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NITED TIMESHARE LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li	ability Company were filed on	AUG. 4,2010	and assigned
Florida document number L10000082	2061		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company here	<u>e</u> :	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applic	able:		
Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	<u> </u>		
B. If amending the registered agent and/o	or registered office address on o	ur records, ente	r the name of the ne
registered agent and/or the new registered of			
	LADDVIEWIC		NOV TAIL
Name of New Registered Agent:	LARRY LEWIS		<u> </u>
New Registered Office Address:	11310 S. ORANGE BLOSS		
		er Florida street a	ddfass ?
	ORLANDO City	, Florida _	32837 ► Zip Code
	City		zip Coue

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Mahaging Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** Name LARRY LEWIS MGRM 9475 7 th AVE □ Add ✓ Remove ORLANDO, FL 32824 **LARRY LEWIS** MGR 11310 S. ORANGE BLOSSOM TRAIL Add ORLANDO FL 32837 ☐ Remove ☐ Add Remove Add Remove \square Add \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated nature of a member or authorized representative of a member EWIS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00