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SECRETARY OF STATES OF CORPORATIONS

T. HAMPTON

FEB 14 2011

FXAMINED

COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJI	ECT:	Resorts I	Unlimited L.L.C.		
		Name of Limi	ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			Dan Carter		
	Name of Person				
	Resorts Unlimited L.L.C.				
	Firm/Company			· · · · · · · · ·	
4635 Gulfstarr Drive Suite 100					
			Address		
		Г	Destin, Florida 32541		
			City/State and Zip Code		
		dca	arter4856@yahoo.com	<u>m</u>	
				ort notification)	
For fur	ther information co	ncerning this matter, please c	all:		
	Da	an Carter	at (_850)	424-6	5838
	Name of	Person	Area Code &	Daytime Teleph	none Number
Enclos	ed is a check for the	following amount:			
\$2 5	5.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed)]\$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:

. ...

Lagragia

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO SEGRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS OF 11 FEB 11 M 111-15

	SORTS UNLIMITED L.L.C		
(Name of the Limited	d Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document numberL1000010		10/04/2010	and assigned
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liability company here	<u>e</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
	-	- ·	<u> </u>
F			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			
Wanning wantess Wall Be All Ost Of Free	<u></u>		
B. If amending the registered agent and/ registered agent and/or the new registered of		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	Robert D Carter		
New Registered Office Address:	4635 Gulfstarr Drive Suite	100	
	Ent	er Florida street add	ress
	Destin	, Florida	32541
	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

<u>Title</u>	Name	Address	Type of Action	
MGR	Charles K Collins	221 Scenic Gulf Drive #1840 Miramar, Fl	Add Remove	
MGR_	Robert D Carter	221 Scenic Gulf Drive #1130 Miramar, FL	Add Remove	
MGR	Gail B Barnes	5355 Pine Ridge Miramar, Fl. 32550	Add Remove	
<u>MGR</u>	Charles F Collins	892 High Vista Drive Mills River, NC 28759	Add Remove	
MGR_	Resorts U Holdings, LLC	CORESORTS UNLIMITED LACTOR Add 4635 GULFSTAR DR. Premove SUITE # 100 DESTIN, FL. 32541 Remove		
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessa	SECRETAN DIVISION OF	
		ì	LED RY OF STA	
Dated	Also	A Wash	SONO TIONS	
	ROBEI	er or authorized representative of a member CARTER ed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00