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**EXAMINER** 

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446 OFFICE USE ONLY)

WALK-IN

**ENTITY NAME:** 

LVC HOLDING CO, LLC

CK# 5068 FOR \$877.50 (\$25.00 for this filing)

PLEASE FILE THE ATTACHED AMENDMENT & RETURN THE FOLLOWING:

\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## **COVER LETTER**

TO: Registration Division of C						
SUBJECT:						
		olding Co., LLC ited Liability Company				
The enclosed Articles	of Amendment and fee(s) arc su	bmitted for filing.				
Please return all correspondence concerning this matter to the following:						
Anna M. DiRocco						
	Name of Person					
Legacy Vacation Club						
Firm/Company						
	P. O. Box 690999					
Address						
Orlando, FL 32869-0999						
		City/State and Zip Code	<del> </del>			
	anna.dirocco@lvcresorts.com					
		to be used for future annual report notif	ication)			
For further information	concerning this matter, please	call:				
Ar	na M. DiRocco	at ( 407 ) Area Code & Daytim	997-5775			
Nam	of Person	Area Code & Daytim	e Telephone Number			
Enclosed is a check for	r 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

LVC Holding Co., LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12/21/10 and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ L10000130176 Florida document number 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) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Jared M. Meyers	8451 Palm Parkway Orlando, Florida 32836	Add Remove
MGR	Legacy Hospitality Holdings, LLC	8451 Palm Parkway Orlando, Florida 32836	
			Add Remove
			AddRemove
			Add Remove
			Add
D. If an	nending any other information, enter ch	ange(s) here: (Attach additional sheets, if necess	sary.)
Dated	\ \(\)	nber or authorized representative of a member	
	Jared	ped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00