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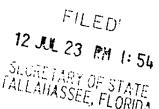
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K.SALY EXAMINER JUL 24 2012

COVER LETTER

TO: Registration S Division of Co	Section orporations	:.			
SUBJECT:	TIMESHARI	E ADVOCATE, LLC			
		ited Liability Company			
ord also the character	CA 1				
	f Amendment and fee(s) are sub	_			
Please return all corresp	ondence concerning this matter	to the following:			
		DAMD 1017400V			
		DAVID IRIZARRY Name of Person			
TIMESHARE ADVOCATE, LLC					
		Firm/Company			
6726 SORRENTO STREET					
Address -					
	(ORLANDO FL 🐲	32819		
		City/State and Zip Code			
		to be used for future annual report	notification)		
For further information	concerning this matter, please of	call:			
DA	VID IRIZARRY	at (407) 45	1-9990		
Name	of Person	Area Code & Da	aytime Telephone Number		
Enclosed is a check for	the following amount:				
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	Solono Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	Registration S Division of C Clifton Buildi	orporations ing ve Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TIÑ	L. PLORIDA			
(Name of the Limite	ed Liability Compa A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited	and assigned			
Florida document numberL1100000	09286			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :	
The new name must be distinguishable and end w "L.L.C."	rith the words "Lim	ited Liability Compa	my," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:		DAVID IRIZARRY		
(Principal office address MUST BE A STREET ADDRESS)		6726 SORRENTO STREET		
	ORLANDO FL 32824 32819			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	E BOX)			
				NECESTION AND ADMINISTRATION ADMINISTRATION AND ADM
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	DAVID IRIZARRY			
	6726 SORRENTO STREET			
New Registered Office Address:	0120 0011		ter Florida street add	ress
	C	ORLANDO	, Florida	32824 32 <i>8</i> 19
		City	بيون ۲۷۸۵۵۵۵ و	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.

II 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** Type of Action **Address MGRM** ALFREDO LUGO **11946 GRECO DR** ☐ Add ORLANDO FL 32824 Remove MGRM ESTER KIM **11946 GRECO DR** ∏ Add ORLANDO FL 32824 ✓ Remove MGRM DAVID IRIZARRY DAVID IRIZARRY ✓ Add Remove 6726 SORRENTO STREET ORLANDO FL 32824 Add Remove $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DAVID IRIZARRY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00