## L11000012634

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SECRETARY OF STATE DIVISION OF CORPORATIONS

N. Cuttigan APR 6 2011

## **COVER LETTER**

TO: Registration Se Division of Cor		·		
SUBJECT:	LVC Timeshai	re Developer, LLC		
30D0EC1.		d Liability Company		
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.		
Please return all correspo	ondence concerning this matter to	the following:		
		Anna M. DiRocco		
Name of Person				
Legacy Vacation Resorts				
Firm/Company				
P. O. Box 690999				
Address				
Orlando, Florida 32869-0999				
City/State and Zip Code				
anna.dirocco@lvcresorts.com  E-mail address: (to be used for future annual report notification)				
For further information of	concerning this matter, please call	<b>l</b> :		
Anna M. DiRocco		at (_407 ) 99  Area Code & Daytime T	97-5774	
rane	, reson	, and could be buyonic .		
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

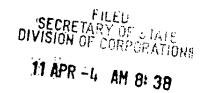
MAILING ADDRESS:

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 Time (Name of the Limited Liab (A Flor	neshare Developer, LLC wility Company as it now appears of ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document numberL11000012634		01/31/11 and assigned	
This amendment is submitted to amend the following  A. If amending name, enter the new name of the	_		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicables			
(Principal office address MUST BE A STREET AL			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office:		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter	· Florida street address	
_	, 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 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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> C. Craig Lewis MGR P. O. Box 690999 ✓ Add Orlando, Florida, 32869 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.) Signature of a member or authorized representative of a member

Jared MV. Meyers
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00