L11000012634

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED
2015 JAN 16 A IO: 15

B. BOSTICK
FEB 17 2015
EXAMINER

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TO: Registration Section
Division of Corporations

LVC Timeshare Developer, LLC

SUBJECT: Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Bianca N. Vega		
		Name of Person	
	Legacy Vacation Clu	ıb, LLC	
		Firm/Company	
	PO Box 690999		
		Address	727 22
	Orlando, Florida 328	336	2015 JAN 16
	<u> </u>	City/State and Zip Code	
	bianca.vega@legacy	vacationclub.com	7
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Bianca N. Vega		407 997-2255	in the second second
Name o	f Person		Telephone Number
Enclosed is a check for the	ne 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 Timeshare Developer, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our recor- Liability Company)	<u>(ds.</u>)	-
The Articles of Organization for this Limited Liability Company	y were filed on January 31,	2011	and assigned
Florida document number L11000012634			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "Ll	LC" or the abbro	eviation "L.L.C."
Enter new principal offices address, if applicable:		77	
(Principal office address MUST BE A STREET ADDRESS)			
		-3	ē .
Enter new mailing address, if applicable:		<u> </u>	→ <u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	o O
		2.17	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		ds, <u>enter the</u>	name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	?55	
		lorida	
	· 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 605, 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

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniel Alexander	PO Box 690999	□ Add
		Orlando, Florida 32836	■ Remove
MGR	Jose R. Roman	PO Box 690999	Add
		Orlando, Florida	Remove
			□ Add
			D D D D D D D D D D D D D D D D D D D
			□ Add
			Remove

·	784 794 794 794 794 794 794 794 794 794 79	
		
	late of filing: t be prior to date of receipt or filed date and cannot rida Department of State)	(optional) be more than 90 days after
date this document is filed by the Flor		(optional) be more than 90 days after
fective date, if other than the described date must be specific, cannot be date this document is filed by the Florated February 6	rida Department of State)	(optional) be more than 90 days after
e date this document is filed by the Flor ted February 6	rida Department of State)	
e date this document is filed by the Flor ted February 6	rida Department of State) 2015 Signature of a member of authorized representative	

Page 3 of 3

Filing Fee: \$25.00



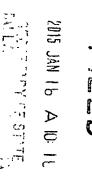
FLORIDA DEPARTMENT OF STATE Division of Corporations

January 29, 2015

BIANCA VEGA POST OFFICE BOX 690999 ORLANDO, FL 32869

SUBJECT: LVC TIMESHARE DEVELOPER, LLC

Ref. Number: W15000006677



We have received your document for LVC TIMESHARE DEVELOPER, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000012634.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 515A00001871