

L11000028401

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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D. BRUCE

JUL 24 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOUR 15, LLC.**  
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:

CECILIA E. MORILLO

Name of Person

TOUR 15, LLC.

Firm/Company

8055 SANTEE DRIVE

Address

KISSIMMEE, FL 34747

City/State and Zip Code

cecimorillo76@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CECILIA E. MORILLO

Name of Person

at ( 609 )

661-1050

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for 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**

TOUR 15, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/16/2011 and assigned  
Florida document number L11000028401.

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: CECILIA E. MORILLO

New Registered Office Address: 8055 SANTEE DRIVE

*Enter Florida street address*

KISSIMMEE

Florida

34747

*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

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FILED

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TALLAHASSEE, FLORIDA

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> | <u>Name</u>        | <u>Address</u>                          | <u>Type of Action</u>  |
|--------------|--------------------|---|--|
| MGR          | CECILIA E. MORILLO | 8055 SANTEE DRIVE<br>KISSIMMEE FL 34747 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated July 13<sup>th</sup>, 2012.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
ALICIA MORILLO  
\_\_\_\_\_  
Typed or printed name of signee