11000064242

(Requestor's Name)
(Address)
(Address)
(Audiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Eiling Officer
Special Instructions to Filing Officer:

Office Use Only



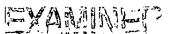
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SECRETARY OF STATE DIVISION OF CORPORATION





COVER LETTER

Division of Co	rporations					
SUBJECT.	GOLE RESOR	T PROPERTIES, LLC				
Name of Limited Liability Company						
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.				
Please return all corresp	ondence concerning this matter	r to the following:				
	Arthur P. Skula, MGR					
	•	Name of Person				
	Golf Resort Properties, LLC					
	Firm/Company					
		290 Quiet Trail Drive				
		Address				
	Port Orange, Florida 32128					
	City/State and Zip Code					
	E-mail address: (to be used for future annual report notifi	cation)			
For further information	concerning this matter, please of	call:				
	thur P. Skula	at ()	316-2408			
Name	of Person	Area Code & Daytime 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 enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section

TO:

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 SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS OF

11 JUN 27 PH 2: 30

(Name of the Limited Liabi	ity Company as it now appea a Limited Liability Company)	rs on our records.)	
(A Florid	la Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on	O5/30/2011	and assigned
Florida document number L11000064242	· · · · · · · · · · · · · · · · · · ·		-
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	any," the designation "LLC"	' or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	,		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, <u>enter the</u>	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street address	
		, Florida	
	City	Z	ip Code

COLE DESCRIPTION DEPOTES INC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles R. Skula	1209 Hwy. 25E P.O. BOX 608 Newport, Tennessee 37822	Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS 11 JUN 27 PM 2:30
Dated	June 20th	2011 19	V
	Signature of a	member of authorized representative of a member	
		Arthur P. Skula	
		Typed or printed name of signee	

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Filing Fee: \$25.00