

L12000071714

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUN 8 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHORT RESORTS,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:

TODD MICHAEL SHORT, MGRM

Name of Person

SHORT RESORTS, LLC

Firm/Company

14910 NORTH ROME AVE.

Address

TAMPA, FL. 33613

City/State and Zip Code

TMS RIGGING @ GMAIL.COM

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

For further information concerning this matter, please call:

TODD MICHAEL SHORT, MGRM

Name of Person

at (**813**)

969-4747

Area Code & Daytime Telephone Number

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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**

SHORT RESORTS, 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 MAY 29, 2012 and assigned
Florida document number L12000071714

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

14910 NORTH ROME AVE.

TAMPA FLA. 33613

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14910 NORTH ROME AVE.

TAMPA FL. 33613

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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:

TODD MICHAEL SHORT, MGRM

New Registered Office Address:

14910 NORTH ROME AVE.

Enter Florida street address

TAMPA

City

Florida

33613

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.

Todd M. Short, MGRM
If 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALLAN ANDREASEN	5517 VAN DYKE ROAD LUTZ, FL 33558	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TODD SHORT	5517 VAN DYKE ROAD LUTZ, FL 33558	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TODD MICHAEL SHORT	14910 NORTH ROME AVE. TAMPA, FL 33613	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CYNTHIA ROBIN SHORT	14910 NORTH ROME AVE. TAMPA, FL 33613	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 6/4/2012
June 4th
Todd M Short, MGRM
Signature of a member or authorized representative of a member
TODD MICHAEL SHORT, MGRM
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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