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SECRETARY OF STATE

N. Culligan DEC - 6,2012

COVER LETTER

	Registration Section Section of Corpor		·	
SUBJECT	r: World	Name of Limited	Exchange LLO I Liability Company	<u>C</u>
The enclos	sed Articles of Am	endment and fee(s) are subm	itted for filing.	
Please retu	urn all corresponde	nce concerning this matter to	the following:	
	-	Timothy:	J. Kaltenbach Name of Person	
	-	Worldwid	Resort Exchain	nge LLC
	-	927 Fern S	+. Suite 2300 Address	
	-	Altamonte :	Springs FL 32 City/State and Zip Code	2701
	_	TJ Kaltenb E-mail address: (10	Springs, FL 32 City/State and Zip Code ach C (MAIL CO) be used for future annual report notification	M on)
For furthe	r information conc	erning this matter, please call	l:	
Tim	Name of Per	Kallinbach	at (321) 377-007 Area Code & Daytime Tel	ephone Number
Enclosed i	is a check for the fo	ollowing amount:		
\$25.00	Filing Fee	2\$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

, Š.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2012 DEC -5 PH 12: 02

SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on $\frac{8/22/12}{}$ and assigned Florida document number <u>L1200011 0 591</u> 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: New Registered Office Address: Enter Florida street address

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.

City

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>			Type of Action
MLRM	Todd M. Kaltenbach	927 F	Fern St.	Suite 2300	Add
(Home) 1664 Song Sparrow Sanford, El 32773	Altamo	inte Spr	ings, FL	Remove
				32701	_
					_
					_ Remove
		<u> </u>			_
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d	December 3, 2012.
d	TO HARI
d	x Signature of a member or authorized representative of a member
ed	× 79KH

Page 3 of 3

Filing Fee: \$25.00

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