

U130005585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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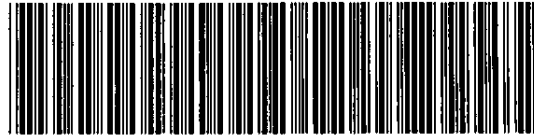
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

16 JUL 19 PM 4:49

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BANKRUPTCY COURT
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 19 AM 8:00

JUL 19 2016

S. YOUNG

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 221789 10268A

AUTHORIZATION : *Lyndee Coleman*

COST LIMIT : \$ 55.00

ORDER DATE : July 19, 2016

ORDER TIME : 3:54 PM

ORDER NO. : 221789-010

CUSTOMER NO: 10268A

DOMESTIC AMENDMENT FILING

NAME: MOTORCOACH RESORT ST. LUCIE
WEST, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 19 AM 8:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOTORCOACH RESORT ST. LUCIE WEST, 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:

FRANK H. FEE, III, ESQUIRE

Name of Person

FEE, DeROSS & FEE, P.L.

Firm/Company

426 AVENUE A

Address

FORT PIERCE, FLORIDA 34950

City/State and Zip Code

cmoore@feederossfee.com

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

For further information concerning this matter, please call:

FRANK H. FEE III, ESQUIRE

at (772) 461-5020

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

☒ \$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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 19 AM 8:00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MOTORCOACH RESORT ST. LUCIE WEST, 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 April 16, 2013 and assigned
Florida document number L13000055885.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JLM SLW INVESTMENT, LLC

The new name must be distinguishable and contain 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

_____, Florida _____
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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN 19 4 08 PM '09

100

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

July 18

2016

Signature of a member or authorized representative of a member

MARIO BOURQUE, Manager

Typed or printed name of signee