L13000057557

(Re	equestor's Name)	
(Ad	ddress)	
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ARCSEFF, FLORIDA

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COVER LETTER

то:	Registration S Division of Co		***	•.
SUBJI	ECT:	Peninsula Re	esort Marketing, L	LC
		Name of Limit	ted Liability Company	······
The en	closed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please	retum all corresp	condence concerning this matter	to the following:	
		Rya	n Patton, CPA	
			Name of Person	
		Purv	is, Gray & Company	7
			Firm/Company	
		5001 Lakew	ood Ranch Blvd Su	ite 101
		Control of	Address	
		Sarasota	, FL. 34240	
			City/State and Zip Code	
			n@purvisgray.com o be used for future annual report notifies	
For fur	ther information	concerning this matter, please co		ation)
	Ryan F	atton	at (941)907-0350	
	Name	of Person	at (<u>941</u>) 907 - 0350 Area Code & Daytime	Telephone Number
Enclose	ed is a check for	the following amount:		
X \$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

Peninsula Resort Marketing, LLC

(Name of the Limited Liability Company	as it now anne	ears on our rect	rede)	NA.
(Name of the Limited Liability Company (A Florida Limited Lia			SEI SEI	assigned
The Articles of Organization for this Limited Liability Company w	ere filed on _	4/18/201	L3 ∑ an €	assigned
Florida document numberL13000057557			TAR	
This amendment is submitted to amend the following:			i F S	
A. If amending name, enter the new name of the limited liabili	tv company h	ore:	ORII ORII	PH 1: 39
A. If amending name, enter the new name of the inineed habin	ty company n	<u>ierc</u> .	DE DE	9
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Com	ipany," the desig	gnation "LLC" or	the abbreviation
Enter new principal offices address, if applicable:	16701	Collins	Ave 12th	Floor
(Principal office address MUST BE A STREET ADDRESS)	Sunny	Isles B	each, FL.	33160
		··		
Enter new mailing address, if applicable:	16701	Collins	Ave 12th	Floor
(Mailing address MAY BE A POST OFFICE BOX)	Sunny	Isles Be	each, FL.	33160
B. If amending the registered agent and/or registered office		our records	enter the nan	re of the new
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida s	treet address	
	•		Troot wow von	
	City	, Flo	orida Zip (ode
New Registered Agent's Signature, if changing Registered Agent:	<i>~</i> .,			
New Negative Agent's Signature, it thanging negative regent				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple	te performano	ce of my duties	yand I am fami	iliar with and
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as company has been notified in writing of this change.	ovided for in ddress, I here	Chapter 60k.f.	148. Or, if this a at the limited lid	tocument is ability

Page 1 of 3

If Changing 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
MGR	Stacy Baldi	5001 Calypso Cay Way #10	3 Add
		Kissimmee, FL.34746	Remove
MGR	Jorge Bravo	16701 Collins Ave 12th Floor	Add
		Sunny Isles Beach, FL. 33160	Remove
			\ Add
		:	SECRETARY SECRETARY
			SSEE, FLORIDA Remove
			Remove
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Dated	OCTOBER 130, 2013 PM
	Signature of a member or anthonzed representative of a member
	Tone M. Ropuo Typed or printed name of signee

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Filing Fee: \$25.00

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