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AUG 29 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Timeshate Liberty 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:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Vob Cajuste Name of Person
Timeshare Liberty Tower, LLC Firm/Company  6500 W. Colonial Dr. Svite B-2  Address
6500 W. Colonial Dr. Svite B-2
Orlando, FL 378/8  City/State and Zip Code  Vobcairste Orghoo, com  mail address! (to be used for future annual report notification)
Vobcairste Evahoo, com  mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (407) 230 383 / Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

ARTICLES OF	AMENDMENT	<u>.</u>
T		THE STATE OF THE S
ARTICLES OF O		
О	r	M & M
Timestare / itar	4/16	TILED PH
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.	
(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ilita aamaana bana	
Timeshare Liberty Towe, The new name must be distinguishable and end with the words "Lim	ited Liability Company "the designation	n "I I C" or the abbreviation
L.L.C."	ned Elabinity Company, the designation	il bee of the abbreviation
Enter new principal offices address, if applicable:	N/A	
(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 of		er the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
N. C.V. D. L. L.	11/01	
Name of New Registered Agent:	/V/P1	
New Registered Office Address:	D. El . I	
	Enter Florida street	aaaress
	, 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 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> <u>Address</u> Remove Remove Remove


Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if nec	essary.)
Dated	August 26, 20/3.	
	Signature of a member or authorized representative of a member	
	Job CajUS +e  Jyped of printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00