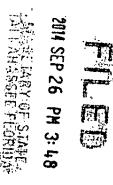
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	+)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Surrey Vacation Resorts of Florida, 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:

David R. Cope

Name of Person

Surrey Vacation Resorts, Inc.

Firm/Company

430C State Hwy 165 South

Address

Branson, MO 65616

City/State and Zip Code

drcope@GCRVacations.com

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

For further information concerning this matter, please call:

Gloria M. Gingery

Name of Person

, 417 ,

332-8264

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■ \$30.00 Filing Fee & Certificate of Status

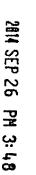
□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Surrey Vacation Resorts of Florida, LLC

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)		-	
	oility Company were filed on October 3, 2013	and :	assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the a	bbreviatio	n "L.L.C."	-
Enter new principal offices address, if applicat	ole:		·	
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<i>0X</i>)			
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enterce address here:	the nam	2014 SEP 26	Tie
Name of New Registered Agent:		<u> </u>	2	1
New Registered Office Address:		3.5. 19.0.	မှ 🔠	1
	Enter Florida street address	स्त्राप्त र	S	
	, Florida			_
	City	Zip Cod	de	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Address</u> Title <u>Name</u> 3521 Mt. Vernon Way Domenic C. Spirito MGR **■** Add Kissimmee, FL 34741 ☐ Remove □ Add ☐ Remove □ Add _□ Remove □ Add □ Add ☐ Remove

ır amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
(The effect the date t	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated S	September 23 2014
_	Munda Goodwin, Sile as. Signature of a member or authorized representative of a member
	digitative of a memory of authorized representative of a memori
	Melinda M. Goodwin, Treasurer and CFO of Surrey Vacation Resorts, Inc., Managing Member of Surrey Vacation Resorts of Florida, LLC.

Page 3 of 3

Filing Fee: \$25.00

