L1300017/207

(Re	equestor's Name)	
. (Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	#)
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(Do	ocument Number)	<u></u>
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JAN 1 4 2013 T. **HAMPTON**

COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Mam	Resort Proper Name of Limite	ties LLC ed Liability Company	The state of the s
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	₩ X
Please return all corresponde	ence concerning this matter t	o the following:	
	Lisa R. F	atten	
		Name of Person	ugania majalahan jaga mara 1.000 (1880 1880 1880 1880 1880 1880 1880
		Firm/Company	
	7575 Dr. Phil	lips Blvd., Ste. 255	
	Orlando,	FL 32819 City/State and Zip Code	
	LPatten@patte	en lawfirm. Com o be used for future annual report notificati	ion)
For further information cond	cerning this matter, please ca		
Lisa R. Patte	erson	at (LOT) 226-911 Area Code Daytime Te	l 5 lephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Cl\$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**

MAM RESORT Properties LLC

(Name of the Limited Li (A Fl	ability Company as it now appears on our recordorida Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liabi Florida document number	ility Company were filed on 12/11/13	and assigned SECRETARY ALLAHASS
This amendment is submitted to amend the following	ing:	AHAS I
A. If amending name, enter the new name of th	e limited liability company here:	SEE PLEASE
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the design	nation "LLO for the abbreviation
Enter new principal offices address, if applicabl	le:	TO AND THE STATE OF THE STATE O
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	23)	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, re address <u>here</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	¥*1	ida.
	, Flor	Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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

<u>Títle</u>	<u>Name</u>	Address	Type of Action
MGRM	Gan Investments, LLC	9695 Camberley Circle	Add
		Orlando, FL 32834	X Remove
			_
<u>mgrm</u>	E+JInvestments, uc	9695 Camberley Circle	Add
		Orlando, FL 32836	X Remove
MGRM	GMNM Investments, LLC	91095 Camberley Circle	X _{Add}
		Orlando, FL 32836	Remove
			_
MGRM	EMJM Investments, uc	9695 Camberley Circle	_ X Add
		Orlando, FL 32834	_ Remove
			Add
			_ 👡 Remove
		ALLAH	
		SECRETARY ALLAHASSE	
		FLOAIDA	Remove
		NO A	<u>.</u>

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effect	tive date, if other than the date of filing:
Dated	January 8 . 2014.
	Signature of a member or authorized representative of a member
	Lisa R. Pattern Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

TILEU SECRETARY OF STATE