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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H14000067574 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

EFFECTIVE DATE 03-20-14

From:

Account Name : ROBERT J. HUTCHINS Account Number : 119990000126

Phone : (407)833-3777
Fax Number : (407)386-6584

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: OUNN STEPHENRC GMAIN

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B. BOSTICK

MAR 2 1 2014

EXAMINER

GO VIR ORLANDO, LLC

H140000675743

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Co. (A Florida Limi	mpany as it now appears (ted Liability Company)	on our records.)		
The Articles of Organization for this Limited I Florida document number L14000037598		any were filed on Mar	rch 6, 2014	and as	signed
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited I	iability company here	:		
N/A					
The new name must be distinguishable and end with the	e words "Limited l	Liability Company," the de-	signation "LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS	2	2 2	دئ	
				<u></u> -Em + -	,
Enter new mailing address, if applicable:		N/A	·		h.
(Mailing address MAY BE A POST OFFICE BOX)					- ė
				·	
				ائين . ارس اين	
B. If amending the registered agent and registered agent and/or the new registered of			our records, <u>enter</u>	the name	of the ne
N. (S) p. N. (S)	N/A				
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:	N/A				<u> </u>
	Enter Florida street address				
			, Florida	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

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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>Title</u>	Name	Address Type of Action
AR	Stephen Dunn	1591 Lake Baldwin Lane Unit A □ Add
		Orlando, FL 32814
AR	Meryl Dunn	1591 Lake Baldwin Lane Unit A □ Add
	·.	Orlando, FL 32814
MGR	Stephen Dunn	1591 Lake Baldwin Lane Unit A
		Orlando, FL 32814
MGR	Meryl Dunn	1591 Lake Baldwin Lane Unit A ■ Add
		Orlando, FL 32814
		· · · ·
		□.Add
		Remove
		Remove

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D. If amending	any other information, enter ch	ange(s) here:	(Attach additional sh	eets, if necessary.)
N/A			,	
				
<u> </u>			<u></u>	· -
				
E. Effective da	te, if other than the date of filing: te must be specific, carnot be prior to date	March 2	date and cannot be more	(optional)
the date this do	cument is filed by the Florida Department			•
Dated Ma	rch 19	2014		
	Red a Wester	=	•	
	• • • • • • • • • • • • • • • • • • •	ember or authori;	zed representative of a me	ember
<u>F</u>	Robert J. Hutchins			
	1	Typed or printed	name of signce	

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