# L14000045887

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## **COVER LETTER**

| ~,                  | OO VERVEET TEX   |                                      |
|---------------------|--|--------------------------------------|
|                     | of Corporations  | ,                                    |
| SUBJECT: O          | wn DVC realty, LLC   |                                      |
|                     | Name of Limited Liability Company  |                                      |
| The enclosed Arti   | icles of Amendment and fee(s) are submitted for filing.                                      |                                      |
| Please return all c | correspondence concerning this matter to the following:                                      |                                      |
|                     | Jorge E Gomez  |                                      |
|                     | Name of Person   |                                      |
| ٠                   | Own DVC Realty, LLC  |                                      |
|                     | Firm/Company   |                                      |
|                     | 1420 Celebration Blvd #200   | 7. Zi                                |
|                     | Address  |                                      |
|                     | Celebration FL 34747   | 2014 APR -7<br>SEGRETARY<br>ALLAHASS |
|                     | City/State and Zip Code  |                                      |
|                     | OwnDVCRealty@hotmail.com  E-mail address: (to be used for future annual report notification) |                                      |
|                     |  | TATE<br>ORIE                         |
| For further inform  | nation concerning this matter, please call:  | > <b>6</b>                           |
| Jorge E             | Gomez 407 429-4907   |                                      |
|                     | Name of Person Area Code Daytime Telephone Number  | <del></del>                          |
|                     |  |                                      |
| Enclosed is a chec  | k for the following amount:  |                                      |

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Own DVC Realty, LLC  |  |                                     | <u> </u>                               |                  |
|--|--|-------------------------------------|--|------------------|
| (Name of the Limit   | ed Liability Company as it now app<br>A Florida Limited Liability Compan | ears on our records.)<br>y)         |  |                  |
| The Articles of Organization for this Limited Li   | ability Company were filed on  | 03/19/2014                          | _ and ass                              | igned            |
| Florida document number L14000045887   | •  | •,                                  |  | , ,              |
| •  | •  |                                     |  | ,1               |
| This amendment is submitted to amend the follo   | wing:  |                                     |  | 425              |
| A. If amending name, enter the new name of   | the limited liability company  | here:                               |  |                  |
|  |  |                                     |  |                  |
| The new name must be distinguishable and end with the  | vords "Limited Liability Company,"                                       | the designation "LLC" or the abb    | reviation "I                           | J.L.C."          |
| Enter new principal offices address, if application  | able   |                                     |  |                  |
| Principal office address MUST BE A STREE   |  | اسمار<br>محتر<br>ا                  | 20 F                                   |                  |
| Frincipia office adaress MOST BE A STREE   |  |                                     |  | E E              |
|  |  | NSS                                 | <u>≥</u> 1                             | Arrana<br>Arrana |
|  |  | 8<br>ED                             | 7                                      |                  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  |  | - <del>- 1</del>                    | <u> </u>                               | [ + ,            |
|  |  | <u> </u>                            | <del>1</del> <del>7</del> <del>7</del> |                  |
|  |  | <u></u>                             | ா வ                                    |                  |
| 3. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:  |  | on our records, enter th            | е пате                                 | of the           |
| Additional Transfer of Transfe | 4400 HC HICHWAY O  | 7 CLUTE 427644                      |  |                  |
| New Registered Office Address:   | 1100 US HIGHWAY 2  | Florida street address              | -                                      |                  |
|  | CLERMONT   | Florida Sireel adaress, Florida 347 | 13                                     |                  |
|  |  | , rioriaa <u>~ · · ·</u>            |  |                  |

### 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<br><u>Authorized</u> | the Managers or Authorized Member<br>Member being added or removed from | on our records, <u>enter the title, name, and addr</u><br>our records:   | ess of each Manager of                |
|----------------------------------|---|--|---------------------------------------|
| MGR = M<br>AMBR = A              | anager<br>uthorized Member  | s in the Substitute of the sub |                                       |
| <u>Title</u>                     | Name  | Address  | Type of Action                        |
| LMBR                             | William L Carter  | 3262 Railway Ave   |                                       |
|                                  |   | Lakeland FL 33805  | ■ Remove                              |
|                                  |   | •  |                                       |
| ROWNR                            | William L Carter  | 3262 Railway Ave   | Add                                   |
| 1 2 Eg.                          | stered<br>er  | Lakeland FL 33805  | □ Remove                              |
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|                                  | •   | <del></del>  | □ Remove                              |
|                                  |   |  | •                                     |
| <del></del>                      |   |  | 🗖 Add                                 |
|                                  |   |  | □ Remove                              |

| D. If amending any other information, enter change(s) here: (Attach addition   | nal sheets, if necessary.)                  |     |
|--|---|-----|
|  |   |     |
|  |   |     |
|  |   |     |
|  |   |     |
| E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be the date this document is filed by the Florida Department of State) | (optional) more than 90 days after          |     |
| Dated March 31 2014 .  |   |     |
| Signature of a member or authorized representative of  | V/President ONN OVER 1512<br>if a member    | ۰۷۲ |
| Jorge E Gomez  |   |     |
| Typed or printed name of signee  |   |     |
|  | 2014 APR -7 F<br>SEGRETARY O<br>FALLAHASSEE |     |
|  |   | 3x. |

Page 3 of 3

Filing Fee: \$25.00