

U4 000 056887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

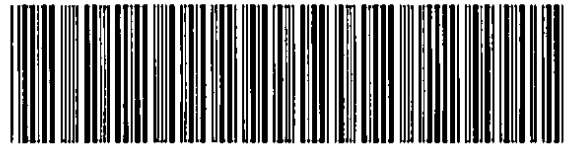
(Business Entity Name)

(Document Number)

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DEC 26 2018

2018 DEC 27 13:07

U4 000 056887

D. SCOTT

JAN 3 2019

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ELLIS EXCLUSIVE VILLAS, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN REDLING

\_\_\_\_\_  
Name of Person

HARDING BELL INTERNATIONAL, INC

\_\_\_\_\_  
Firm/Company

113 PONTOTOC PLAZA

\_\_\_\_\_  
Address

AUBURNDALE, FL 33823

\_\_\_\_\_  
City/State and Zip Code

SUSAN.HARDING@HBITAX.COM

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

For further information concerning this matter, please call:

SUSAN HARDING

863

968-1010

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

FILED  
2017 FEB 28 10 30 AM  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ELLIS EXCLUSIVE VILLAS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/07/2014 and assigned  
Florida document number 1.14000056887.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1420 CELEBRATION BLVD, STE 200

CELEBRATION, FL 34747

UNITED STATES

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1420 CELEBRATION BLVD, STE 200

CELEBRATION, FL 34747

UNITED STATES

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

HARDING BELL INTERNATIONAL, INC

New Registered Office Address:

113 PONTOTOC PLAZA

*Enter Florida street address*

AUBURNDALE

*City*

Florida 33823

*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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LISA ELLIS	21 MORAY COURT	<input type="checkbox"/> Add
		DALGETY BAY, FIFE KY11 9XN	<input checked="" type="checkbox"/> Remove
		UNITED KINGDOM	<input type="checkbox"/> Change
AMBR	LISA ELLIS	21 MORAY COURT	<input checked="" type="checkbox"/> Add
		DALGETY BAY, FIFE KY11 9XN	<input type="checkbox"/> Remove
		UNITED KINGDOM	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

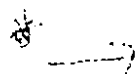
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 045-0207 (38b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the date will not be filed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(a) The 90th day after the record is filed.

Dated DECEMBER 19 2018





Signature of a member or authorized representative of a member

LISA ELLIS

Typed or printed name of signer