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TO:

Registration Section

Division of Cor	porations		
Twelve The SUBJECT:	ousand Resort, LLC		
SUBJECT:	Name of	Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are	submitted for filing.	
Please return all correspo	ndence concerning this ma	tter to the following:	
	Tammy Sari		
		Name of Person	
	Burton Carol Managen	nent, LLC	
		Firm/Company	
	4832 Richmond Road.	Suite 200	
		Address	
	Cleveland, Ohio 44 128		
	tammysari@burtoncare	City/State and Zip Code bl.com	
	· - II	ss: (to be used for future annual report no	ification)
For further information ec	oncerning this matter, pleas	se call:	
Tammy Sari		216 464-5130 x	400
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e 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)
Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on orations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- All	EL
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TWELVE THOUSAND RESORT, LLC

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

(A Florida Limited Liability Company were filed on May 28, 2015

The Articles of Organization for this Limited Liability Company were filed on May 28, 2015

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 "L.L.C."
Enter new principal offices address, if appl	icable:
(Principal office address MUST BE A STRE	ET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE	 Ε ΒΟΧ)

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:

Joy Anzalone

New Registered Office Address:

Enter Florida street address

City

St. Petersburg

6462 Central Avenue

Zin 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

lf amendin or removed	g Authorized Person(s) authors from our records:	orized to man	iage, <u>enter (</u>		of each person being added
	Manager Authorized Member			2017 SEP 15 AMII: 21	
<u>Title</u>	<u>Name</u>		Address	LOTISEP 15 AKILO	Type of Action
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ian effi <u>Note:</u>	ve date, if other than the date of feetive date is listed, the date must be specified the date inserted in this block does need to be detective date on the Department	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 pot meet the applicable statutory filing requirements, this date will not be lis	15.020° ted as
e rec The	ord specifies a delayed effective 90th day after the record is fil	 ve date, but not an effective time, at 12:01 a.m. on the earl ed. 	ier o
ated _	August 28	2017	
	Joy Anzalone	of a member or authorized representative of a member	
		Typed or printed name of signee	