L14000183183

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TO:	Registration Se Division of Cor					
CUDIE	L14000183	3183				
SUBJE	CI:	Name of Limi	ited Liability Company	.		
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pl e ase r	return all correspo	ndence concerning this matter	to the following:			
		DAVID EDWARDS				
			Name of Person			
IMPERIAL RESORT LLC						
Firm/Company						
	6100 LAKE ELLENOR DRIVE					
6100 LAKE ELLENOR DRIVE Address ORLANDO, FL 32819 City/State and Zip Code						
			•			
		donbrown928@yahoo.co				
		E-mail address: (1	to be used for future annual report notifi	cation)		
For furt	her information co	oncerning this matter, please ca	all:			
DAVID	EDWARDS		407 761-7964 at ()			
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$25	i.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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMPERIAL RESORT 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 12/1/2014 and assigned Florida document number _L14000183183 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VILOCTI TRAVEL CLUB LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6100 LAKE ELLENOR DRIVE Enter new principal offices address, if applicable: ORLANDO, FL 32819 (Principal office address MUST BE A STREET ADDRESS) SAME Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: DAVI**S** EDWARDS Name of New Registered Agent: 6100 LAKE ELLENOR DRIVE New Registered Office Address: Enter Florida street address Florida ___32819 **ORLANDO** City 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 limbility

If Changing Registered Agent, Signature of New Registered Agent

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company has been notified in writing of this change.

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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>	Address	Type of Action
P	AUGUSTIN OSHODI	6100 LAKE ELLENOR DR	■ Add
		ORLANDO, FL 32819	□ Remove
			□ Change
DIR ————	DONSHAVEUS BROWN	6100 LAKE ELLENOR DR	■ Add
		ORLANDO, FL 32819	Remove
			☐ Change
			Add
			□ Remove
			Change
 			Add
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			Change

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a lote: If the date inserted in this block does not meet the applicable statutory filing requirements, ocument's effective date on the Department of State's records.	optional) after filing.) Pursuant to 605.020 , this date will not be listed a
e record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on the earlier o
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Menica Edward	
ated 3/5/18 Act of a member or authorized representative of a member	HAR -7 THE D

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Filing Fee: \$25.00