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JAN 14 2015 J. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TIMESHARE SOLUTIONS, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
William P. STEWART Name of Person TIMESHAPE QUIENS RELIEF Firm/Company 122 SEASCAPE DR. Wait 1607 Address MIRAMAR BEACH FL 32550 City/State and Zip Code PANISTEWARTDESTINE SMAIL Lomes E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAUL STEWART at (850) 974-1312 3
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Salution Status Solution Status Sol

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

TIMESHARE	SOLUTIONS, LLC ny as it now appears on our records.) Liability Company)
(Name of the Limited Liability Compar (A Florida Limited L	oy as it now appears on our records.) Diability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4/4000/8696	were filed on 12/8/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and end with the words "Limited Liabi	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	22 M
	1011 6
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	The state of the s
B. If amenaling the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 01015

23

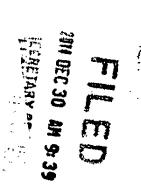
If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	23	<u>Name</u>	Address	Type of Action
				Add
				☐ Remove
				Add
				Remove
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				□ Remove
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It a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The	ective date, if other than the date of filing: effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Dat	ed DECEMBER 19, 2014.
	Signature of a member of authorized representative of a member
	William P. STEWART
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



, Ty