

L150000008310

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FEB 20 2015  
J. BRUCK

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YOUR TIMESHARE OPTIONS.COM 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:

MARTIN R. BROWN

Name of Person

YOUR TIMESHARE OPTIONS.COM LLC

Firm/Company

4700 34<sup>th</sup> ST., SUITE 201

Address

ORLANDO, FL 32805

City/State and Zip Code

customerservice@yourtimeshareoptions.com

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

For further information concerning this matter, please call:

MARTIN R. BROWN

Name of Person

at ( 855 )

Area Code

999-8073

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

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

YOUR TIMESHARE OPTIONS.COM 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 01/14/2015 and assigned Florida document number L15000008310.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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

(Principal office address MUST BE A STREET ADDRESS)

4700 34<sup>TH</sup> STREET  
SUITE 201  
ORLANDO, FL 32805

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

(Mailing address MAY BE A POST OFFICE BOX)

4700 34<sup>TH</sup> STREET  
SUITE 201  
ORLANDO, FL 32805

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TALLAHASSEE FLORIDA

**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:

N/A (SAME AS PREVIOUS)

New Registered Office Address:

4700 34<sup>TH</sup> STREET, SUITE 201 (NEW ADDRESS ONLY)

Enter Florida street address

ORLANDO, Florida 32805

City

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.*

N/A

**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	MARTIN R. BROWN	4700 34 <sup>th</sup> STREET	<input checked="" type="checkbox"/> Add (NEW ADDRESS)
		SUITE 201	<input type="checkbox"/> Remove
		ORLANDO, FL 32805	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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HALL COUNTY

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

N/A

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 12, 2015

  
Signature of a member or authorized representative of a member

MARTIN R. BROWN

Typed or printed name of signee

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Filing Fee: \$25.00

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