

L1600007816

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000023812 3)))



H160000238123ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CONDOMINIUM MANAGEMENT SERVICES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 29 2016  
J. HARRIS

RECEIVED  
2016 JAN 28 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 JAN 28 AM 8:54  
TALLAHASSEE, FLORIDA

1/28/2016 2:45:45 PM From: To: 8506176383( 2/5 )

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONDOMINIUM MANAGEMENT SERVICES, 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:

Raymond J Gaskill

Name of Person

Law Office of Raymond J. Gaskill

Firm/Company

7 Westport

Address

Irvine, CA 92620

City/State and Zip Code

rgaskill@cox.net

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

For further information concerning this matter, please call:

Raymond J. Gaskill

Name of Person

at ( 949 ) 857-8066

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

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

CONDOMINIUM MANAGEMENT SERVICES, 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 January 13, 2015 and assigned  
Florida document number L16000007816

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

235 E. Warm Springs Rd #107

Las Vegas, NV 89119

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 231300

Las Vegas, NV 89105

**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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

, Florida

33324

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.*

Jane Zachritz  
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	Sheila Kay Maye	3715 Hidden Oak Drive	<input type="checkbox"/> Add
		Pensacola, Florida 32504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Getaways Resort Management, LLC	PO Box 231300	<input checked="" type="checkbox"/> Add
		Las Vegas, Nevada 89105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CMS Holdco, Inc.	3715 Hidden Oak Drive	<input type="checkbox"/> Add
		Pensacola, Florida 32504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Getaways Resort Management, LLC	PO Box 231300	<input checked="" type="checkbox"/> Add
		Las Vegas, Nevada 89105	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1/28/2016 2:45:45 PM From: To: 8506176383( 5/5 )

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 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:

(b) The 90th day after the record is filed.

Dated January 22, 2016

Signature of a member or authorized representative of a member

Raymond J. Gaskill, authorized representative

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

2016 JAN 28 AM 8:54  
ALLIANCE  
TORONTO