

L16000124637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2016 AUG 15 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF REVENUE

15 AUG 15 PM 1:50

K. SALY
EXAMINER

AUG 16

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 254574 81514A

AUTHORIZATION : 

COST LIMIT : \$25.00

ORDER DATE : August 15, 2016

ORDER TIME : 12:10 PM

ORDER NO. : 254574-005

CUSTOMER NO: 81514A

DOMESTIC AMENDMENT FILING

NAME: LAKE ROUSSEAU RESORT, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAKE ROUSSEAU RESORT, 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:

VICTOR J. TROIANO, ESQUIRE

Name of Person

TROIANO & ROBERTS, P.A.

Firm/Company

371 SOUTH TENNESSEE AVENUE

Address

LAKELAND, FLORIDA 33801

City/State and Zip Code

ALXSTWRT@AOL.COM

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

For further information concerning this matter, please call:

VICTOR J. TROIANO

863

686-7136

at ()

Name of Person

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Page 1 of 3

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>
AMBR	ALEXANDER G. STEWART	12717 W. SUNRISE BLVD.	☐ Add
		SUNRISE, FLORIDA 33223	☒ Remove
			☐ Change
MGR	ALEXANDER G. STEWART	12717 W. SUNRISE BLVD.	☒ Add
		SUNRISE, FLORIDA 33223	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

2016 APR 15 PM 8:06
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

COMPANY HAS CHANGED FROM MEMBER MANAGED TO MANAGER MANAGED.

2016 AUG 15 AM 8:38
STATE ART OF STATE
TALLAHASSEE, FLORIDA

FILED

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 AUGUST 12, 2016


Signature of a member or authorized representative of a member

ALEXANDER G. STEWART


Typed or printed name of signee