

L17000030453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

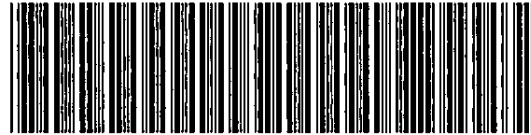
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2017 APR 12 P 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

APR 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2017

ELLIOTT LEVY
1650 CELEBRATION BLVD., UNIT 310
CELEBRATION, FL 34747

SUBJECT: BARRON PARKS GROUP, LLC.
Ref. Number: L17000030453

We have received your document for BARRON PARKS GROUP, LLC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00006143

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARRON PARKS Group, 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:

ELLIOTT LEVY
Name of Person

BARRON PARKS Group, LLC.
Firm/Company

1650 CELEBRATION BLVD UNIT 310
Address

CELEBRATION, FL 34747
City/State and Zip Code

elliott.levy1478@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELLIOTT LEVY at (305) 613-5700
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)

See Cover letter
Chk Sent

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**

BARRON PARKS GROUP, 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 JAN 2017 and assigned Florida document number L17000030453

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)

5000 Ave of the Stars
CELEBRITY ROOM
KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

52 Reily Rd #397
CELEBRATION, FL 34747

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:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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TREASURY
FLORIDA

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	ELLIOTT LEVY	1650 CELEBRATION BLVD	<input checked="" type="checkbox"/> Add
		Unit 310	<input type="checkbox"/> Remove
		CELEBRATION, FL 34747	<input type="checkbox"/> Change
MGR	Timeless RETREATS LLC	13900 CR 455	<input checked="" type="checkbox"/> Add
		CLERMONT, FL 34711	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Dylan MEYERS	1334 FLAGSTONE AVE	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: March 21, 2017 (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

April 7, 2017

Signature of a member or authorized representative of a member

Elliott LEVY

Typed or printed name of signee

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CLERK OF STATE
TREASURY OF FLORIDA
MEMBER