

LTD00192764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

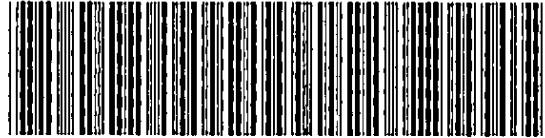
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300322098403

01/07/19--01027--025 \*\*25.00

FILED  
2019 JAN -7 A 2:04  
TALLAHASSEE, FLORIDA

1/15/19 G

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

GOLF VACATIONS LLC

SUBJECT: \_\_\_\_\_  
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:

SUSAN M. BARNES

\_\_\_\_\_  
Name of Person

GOLF VACATIONS LLC

\_\_\_\_\_  
Firm/Company

4108 FOXTAIL COURT

\_\_\_\_\_  
Address

KISSIMMEE, FL 34746

\_\_\_\_\_  
City/State and Zip Code

SUSAN@ROCKROSEREALTY.COM

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

For further information concerning this matter, please call:

SUSAN M. BARNES

407 908-4663

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

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

FILED  
2019 JAN -7 A 2:05  
TALLAHASSEE FLORIDA

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

GOLF VACATIONS 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 09/18/2017 and assigned  
Florida document number L17000192784.

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)

4108 FOXTAIL COURT

KISSIMMEE FLORIDA 34746 USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4108 FOXTAIL CT

KISSIMMEE FLORIDA 34746 USA

**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: SUSAN BARNES

New Registered Office Address: 4108 FOXTAIL COURT

*Enter Florida street address*

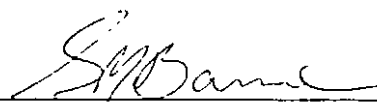
KISSIMMEE, Florida 34746

*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

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          | PAUL K. BARNES   | 3337 STEEPLCHASE LANE<br>KISSIMMEE FL 34746  | <input type="checkbox"/> Add            |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |
| MGR          | SUSAN M. BARNES  | 4108 FOXTAIL COURT<br>KISSIMMEE FL 34746     | <input checked="" type="checkbox"/> Add |
|              |                  |  | <input type="checkbox"/> Remove         |
|              |                  |  | <input type="checkbox"/> Change         |
| MGR          | STEVEN J. BARNES | 3337 Steeplechase Lane<br>KISSIMMEE FL 34746 | <input checked="" 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         |

FILED  
2019 JAN -  
TALLAHASSEE FLORIDA  
STATE  
APR 04

2019 JAN -7 A 2:  
RECEIVED BY FBI  
ITALIAHASSER.FL

2019 JAN -7 A 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

77-111

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

**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.

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

2018

Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

PAUL K. BARNES

Typed or printed name of signee