

117000258080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

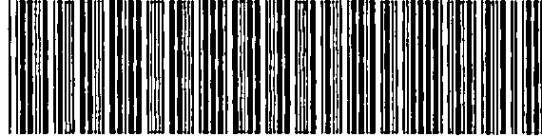
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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JAN 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Idlewild Lodge & Lakeside 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:

Dean Osmon

Name of Person

DKO, LLC

Firm/Company

1719 Bellemeade Dr

Address

Clearwater, FL 33755

City/State and Zip Code

krisosmon@gmail.com

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

For further information concerning this matter, please call:

Kris Osmon

727 446-1200
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

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

Idlewild Lodge & Lakeside Resort, 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 12/19/17 and assigned
Florida document number L17000258080

This amendment is submitted to amend the following:

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

DKO, LLC

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)

1719 Bellemeade Dr

Clearwater, FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1719 Bellemeade Dr

Clearwater, FL 33755

**B. If amending the registered agent and/or registered office address on our records, enter the name of new
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Kristin K. Osmon

New Registered Office Address:

1719 Bellemeade Dr

Enter Florida street address

Clearwater


City

Florida 33755

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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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	Dean Osmon	1719 Bellemeade Dr	<input checked="" type="checkbox"/> Add
		Clearwater, FL 33755	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kristin K. Osmon	1719 Bellemeade Dr	<input type="checkbox"/> Add
		Clearwater, FL 33755	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Gregory D. Clark	4110 NW 42ND PLACE	<input type="checkbox"/> Add
		Lake Panasoffkee, FL 33538	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cathleen M. Clark	4110 NW 42ND PLACE	<input type="checkbox"/> Add
		Lake Panasoffkee, FL 33538	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Christina M. Ahmed	4110 NW 42ND PLACE	<input type="checkbox"/> Add
		Lake Panasoffkee, FL 33538	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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.

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

Dated Jan 8, 2017

Signature of a member or authorized representative of a member

Gregory D. Clark
Typed or printed name of signer

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