

# L18000184448

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TRIAD PROFESSIONAL SERVICES COA  
Account Number : I20160000009  
Phone : (770)777-2091  
Fax Number : (770)220-1943

**\*\*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  
KINGWOOD ORLANDO REUNION RESORT LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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T. CLINE

DEC 27 2018

EXAMINER

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT: KINGWOOD ORLANDO REUNION 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:

Sharon K. Gray

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

Triad Professional Services

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

1720 Windward Concourse, Ste. 390

\_\_\_\_\_  
 Address

Alpharetta, GA 30005

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

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

For further information concerning this matter, please call:

Sharon K. Gray

770

777-2091

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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2018 DEC 26 AM 9:31

FILED

RECEIVED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KINGWOOD ORLANDO REUNION 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 08/01/2018 and assigned  
Florida document number L13000184448.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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*

*City*

*Florida*

*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>
AMBR	Kevin Baker	400 Curie Drive	<input checked="" type="checkbox"/> Add
		Alpharetta, GA 30005	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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STATE OF GEORGIA  
CLERK OF SUPERIOR COURT  
TRIAD COUNTY

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

10

2018 DEC 26 AM 9:32

NOT RECORDED

F. 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 December 26 2018

Michael C. Jay

Signature of a member or authorized representative of a member

Michael C. Gay

Typed or printed name of signee