## L18000 190590

(Requestor's Name)	
(Address)	9
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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I ALBRITTON

## **COVER LETTER**

TO:

го:	Registration Se Division of Cor				
SUBJE	CT·	Providence Resort Ren	tals. LLC		
30 <b>D</b> 01.		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspo	ndence concerning this matter	to the following:		
			Bonnie L. Wilson		
			Name of Person		
		n	Firm/Company		
			3252 Cross Bill Road Address		
		Louisville, Kentucky 40213			
			City/State and Zip Code		
		E-mail address: (	elliotsgram@yahoo.com to be used for future annual report no	tification)	
For furt	her information c	oncerning this matter, please ca	all:		
	Bonnie L.	. Wilson	at ( 502 ) 727-12	80	
	Name of	Person		ne Telephone Number	
Enclose	ed is a check for th	ne following amount:			
□ \$25	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status &	
		refiling amendment see attached letter	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
	Registr Divisio	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR Registration Secti Division of Corpo Clifton Building		
		ssee, FL 32314	2661 Executive C	Center Circle	

Tallahassee, FL 32301



March 15, 2019

BONNIE L. WILSON 3252 CROSS BILL ROAD LOUISVILLE, KY 40213

SUBJECT: PROVIDENCE RESORT RENTALS LLC

Ref. Number: L18000190590

We have received your document for PROVIDENCE RESORT RENTALS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000085249 - TGBTG, INC.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 419A000051725

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	e Resort Rentals, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe la Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability (	Company were filed on _	08/09/2018	and assigned
Florida document number L18000190590	·		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company l	here:	
Coram Deo Properties.	LLC		
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the	designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			199
			=3
Enter new mailing address, if applicable:			20
• • • • • • • • • • • • • • • • • • • •			7 111
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	<del></del>
		<del></del>	79
		_	9
B. If amending the registered agent and/or regi registered agent and/or the new registered office ado		on our records,	enter the name of the n
registered agent and/or the new registered office add	ar coo ire i e		
Name of New Registered Agent:			
Name of New Negistered Agent.	-	····	
New Registered Office Address:			<u> </u>
	Enter Fl	orida street address	
		Flor	ida
	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>	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add

D., If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi <u>Note:</u>	ve date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 24 2019
	Signature of a member or authorized representative of a member
	Bonnie L. Wilson

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00