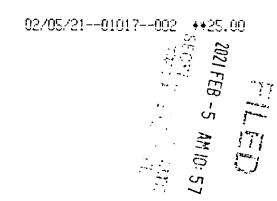
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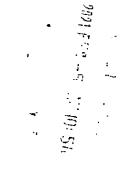
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion #	•	: o <sup>3</sup>	<b>.</b>
SUBJE	ст: <u>Р<i>ЕТЕ</i></u>	+ RON'S Fun	HOUSE LLC	1	
		Name of Lim	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		RONALD J.	GRESEMAN Name of Person	<del> </del>	_
		RESORT HO	USE LLC Firm/Company		_
		7028 W W	ATERS AVE =	#259	
			City/State and Zip Code		- Com
For fur	ther information co	ncerning this matter, please c	to oc and totale mindal te	pon nonneauony	
_K	ONNIE BRI Name of	ESEMAN Person	at ( <u>727</u> ) <u>&amp;</u> Area Code	088-4658 Daylime Telephone Numbe	er .
Enclose	ed is a check for the	following amount:			
X \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica sed) Certified	ate of Status &
	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Division of The Central N. N.	Iress: ion Section of Corporations re of Tallahassee Monroe Street, Suite (see, FL 32303	<b>3</b> 10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

0 0	2021 FEB -5 AM 10: 57
PETE of KON'S FUN HOUS	SELLC
(Name of the Limited Liability Comp.	SE LLC  Sany as It now appears on our records.)  This billing Company)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on $01/29/2019$ and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
RESORT HOUSE LLC  The new name must be distinguishable and contain the words "Limited Liab:	sility 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)	1412 W WATERS AVE #207 TAMPA, FL 33604
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	7028 W WATERS AVE, #259 TAMPA, FL 33634
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del> </del>	, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member

>	j L			
2021 EE	B _ E	AM IO. T	-	

<u>Title</u>	Name	Address	SECTION OF THE	Type of Action
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n effect ste: If	date, if other than the date of filing:
cord s is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	JANUARY 28 , 2021.
	$\sim$ 110 $\sim$ 200
	Senature of a member or authorized representative of a member  RONALD JAMES BRESEMAN

Filing Fee: \$25.00