

L19000306587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

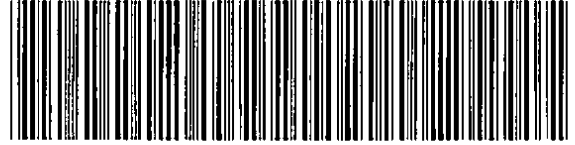
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Amend

JAN 06 2025

D CUSHING

COVER LETTER

O: Registration Section
Division of Corporations

UBJECT: Twin Lakes Camp Resort Management, LLC

Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

ease return all correspondence concerning this matter to the following:

Gene Patrick O'Neill

Name of Person

Twin Lakes Camp Resort Management, LLC

Firm/Company

580 Holley King Road

Address

DeFuniak Springs, FL 32435

City/State and Zip Code

gpo@tlcr2.com

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

or further information concerning this matter, please call:

Gene Patrick O'Neill

850

585-5422

at ()

Name of Person

Area Code

Daytime Telephone Number

nclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ ^{35.00} \$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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2024 NOV 20 PM 3:07

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

Twin Lakes Camp Resort Management, 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 December 17, 2019 and assigned
Florida document number L19000306587.

This amendment is submitted to amend the following:

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

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

580 Holley King Road

DeFuniak Springs, FL 32435

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

580 Holley King Road

DeFuniak Springs, FL 32435

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:

Gene Patrick O'Neill

New Registered Office Address:

580 Holley King Road

Enter Florida street address

DeFuniak Springs

Florida 32435

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

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	Pursuit Hospitality Trust	1241 Chat Holley Road	<input type="checkbox"/> Add
		Santa Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

n/a

3. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

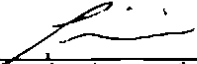
a) The date of filing.
b) The 90th day after the record is filed.

Dated November 11, 2024



Signature of a member or authorized representative of a member

Gene Patrick O'Neill



Typed or printed name of signee