

120000252067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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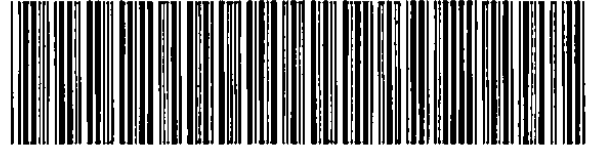
(Business Entity Name)

(Document Number)

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12/28/20
[Signature]

TO: **Registration Section
Division of Corporations**

SUBJECT: TOPSECRE RESORTS 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:

MARY ELLEN TAFT

Name of Person

TOPSECRET RESORTS OF ORLANDO LLC

Firm/Company

3155 S. JOHN YOUNG PARKWAY

Address

ORLANDO, FLORIDA 32805

City/State and Zip Code

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

For further information concerning this matter, please call:

MARY ELLEN TAFT

321

436-0292

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

TOPSECRET RESORTS 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 AUGUST 17, 2020 and assigne
Florida document number L20000252067.

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)

3155 S. John Young Parkway

Orlando, FL 32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3155 S. John Young Parkway

Orlando, FL 32805

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

Name of New Registered Agent:

Mary Ellen Taft

New Registered Office Address:

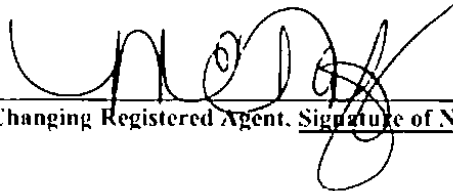
3155 S. John Young Parkway, Orlando, FL 32806

Enter Florida street address

_____, 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 w
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
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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
AMBR	Michael Spielvogel, Trustee	3155 S. John Young Parkway	<input type="checkbox"/> Add
		Orlando, FL 32801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Mary Ellen Taft	3155 S. John Young Parkway	<input checked="" type="checkbox"/> Add
		Orlando, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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: (b) The 90th day after the record is filed.

Dated November 17, 2020

Signature of a member or authorized representative of a member

Michael Spielvogel

Typed or printed name of signee

Filing Fee: \$25.00