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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
42.4 (42.4 4.42.4)	Resorts, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Mary Ellen Taft				
		Name of Person			
	TopSecret Resort of Orlan	do, LLC			
	Firm/Company				
	3155 S. John Young Parkv	vay			
	Address				
	Orlando, FL 32805				
		City/State and Zip Code			
	carmackmc@aol.com				
	E-mail address: (to be used for future annual repo	ort notification)		
For further information of	oncerning this matter, please c	all:			
Mary Ellen Taft		321 436-02 at ()	292		
Name o	f Person	Area Code I	Daytime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Addre			
Registration : Division of C		Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOPSECRET RESORTS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)	<u> </u>
The Articles of Organization for this Limited Liability Company	were filed on 08/17/2020		and assigned
Florida document number 120000252067			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation	"LLC" or the abbr	reviation "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 a agent and/or the new registered office address here:	ddress on our records, s	enter the name	of the new regist
Name of New Registered Agent:			<u> </u>
New Registered Office Address:	Enter Florida street	address	<u> </u>
		Florida	· 6
Your Desire and Amend's Cinnelling if the main the desired Amend	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 t 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGR	GEORGE RODGERS JR	3155 S JOHN YOUN G PARKWAY	= Add
		ORLANDO, FL 32805	□Remove
			□Change
AMBR	MICHAEL SPIELVOGEL	3155 S JOHN YOUNG PARKWAY	
		ORLANDO, FLORIDA 32805	■Remove
			□Change
			□Add
			□Remove
			□Change
	 		🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
(If an effective da <u>Note:</u> If the d	te, if other than the date of filing:
the record specificord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August	2021
	Signature of a member or authorized representative of a member
Ma	ary Ellen Taft
	Typed or printed name of signee

Filing Fee: \$25.00