

L20 000 252 067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

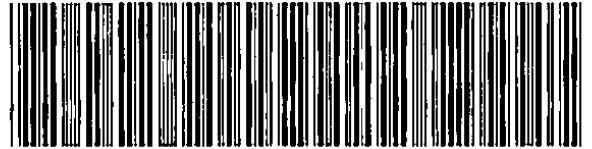
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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9/14/21

9/13/21

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TopSecret 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 Resort of Orlando, LLC

\_\_\_\_\_  
Firm/Company

3155 S. John Young Parkway

\_\_\_\_\_  
Address

Orlando, FL 32805

\_\_\_\_\_  
City/State and Zip Code

carmackme@aol.com

\_\_\_\_\_  
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

**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>	<u>Address</u>	<u>Type of Acti</u>
MGR	GEORGE RODGERS JR	3155 S JOHN YOUNG PARKWAY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32805	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MICHAEL SPIELVOGEL	3155 S JOHN YOUNG PARKWAY	<input type="checkbox"/> Add
		ORLANDO, FLORIDA 32805	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

[illegible]


**E. 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 605.020.

**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 August 26, 2021

  
Signature of a member or authorized representative of a member

Mary Ellen Taft

Mary Ellen Taft

Typed or printed name of signee

**Filing Fee: \$25.00**