

**M18000000 6188**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JAN 09 2019  
**S. YOUNG**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPM Resorts, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Weigle

Name of Person

Capital Vacations, LLC

Firm/Company

9654 N. Kings Hwy, Suite 101

Address

Myrtle Beach, SC 29572

City/State and Zip Code

krweigle@capitalvacations.com

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

For further information concerning this matter, please call:

Katherine Weigle

Name of Person

at ( 843 ) 213-2488

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: SPM Resorts, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M18000006188

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 07-02-2018

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Capital Vacations Resort Management II, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*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 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

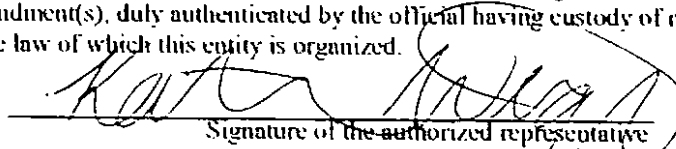
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

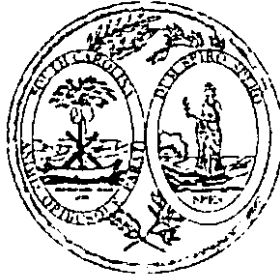
  
Signature of the authorized representative

Katherine Weigle

Typed or printed name of signer

Filing Fee: \$25.00

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

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## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Capital Vacations Resort Management II, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 18th, 1980, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 4th day  
of December, 2016.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 181203-1532193

Filing Date: 12/03/2018

Dec 03 2018  
REFERENCE ID: 249050

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF CORRECTION  
LIMITED LIABILITY COMPANY

The limited liability company in accordance with Section 33-44-207 of the 1976 S.C. Code of Laws, as amended corrects a record filed by the Secretary of State, which record contains a false or erroneous statement or was defectively signed.

1. The name of the limited liability company is:

Capital Vacations Management II, LLC

2. That on 12/03/2018 the corporation filed (fill out whichever is applicable):

- a. ☒ The following described document:

Amended Articles of Organization 2018-11-30

- b. ☐ The attached document (attach copy of the document).

3. That this document was incorrect in the following manner:

Typo in the amended name change. The new name should be: Capital Vacations Resort Management II, LLC

4. That the incorrect matters stated in Paragraph 3 should be revised as follows:

Corrected Entity Name: Capital Vacations Resort Management II, LLC  
Additional Info: The new name should be: Capital Vacations Resort Management II, LLC

Date: 12/03/2018

Signed as Attorney-in-Fact: Katherine Weigle

(Signature)

Katherine Weigle

(Print Name)

Attorney

(Office)

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 181130-1116066


Filing Date: 11/30/2018

Nov 30 2018

REFERENCE ID: 248011

STATE OF SOUTH CAROLINA

SECRETARY OF STATE

  
SECRETARY OF STATE OF SOUTH CAROLINA

**AMENDED ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY -DOMESTIC**

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

SPM RESORTS, LLC

2. The date the articles of organization were filed is 03/18/1980

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: Capital Vacations Management II, LLC

Signature: Signed as Filer: Katherine Weigle

Capacity/Position of Person Signing (you must check one box).

☒ Manager ☐ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

Jason Shroff

(Print or Type Name)

Date: 11/30/2018

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CERTIFIED TO BE A TRUE AND CORRECT COPY

AS TAKEN FROM AND COMPARED WITH THE

ORIGINAL ON FILE IN THIS OFFICE

Business Name: SPM Resorts, LLC

Nov 30 2018

REFERENCE ID: 248011

### Signature Page for a Secretary of State Business Filing

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

completed, scanned, and attached to any business filing where one of the following is true.

- The filing party signs the digital form on behalf of official signee.
- An attorney's signature is required. (Articles of Incorporation for Corporation and Benefit Corporation)

#### Official Signatures

(Officer, Incorporator, Director, Agent, Partner, etc)

Required for forms where the signee is not present upon online submission and a filing party is providing a digital signing on their behalf. If the provided space is not enough, please attach multiple pages.

Jason Shroff

Name

11-30-18

Date

Signature

CEO/Manager

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Name

Date

Signature

Title / Position

Scan and Upload this document to the Business Filing System during the filing process.  
File must be PDF format.

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TALLAHASSEE FLORIDA