(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





100215323111

12/19/11--01019--024 \*\*35.00

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: The Villas a	at Resort World Condominium Association, Inc.
DOCUMENT NUMBER: N32706	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Suzanne Hickey	
	(Name of Contact Person)
Legacy Vacation Club, LLC	
	(Firm/ Company)
8451 Palm Parkway	
· · · · · · · · · · · · · · · · · · ·	(Address)
Lake Buena Vista, FL 32836	
	(City/ State and Zip Code)
suzanne.hickey@legacyvacat E-mail address: (to	onclub.com  be used for future annual report notification)
For further information concerning this matte	r, please call:
Anthony J. Picciano	at ( 407 ) 997-3000
(Name of Contact Person)	at (_407 ) 997-3000  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	made payable to the Florida Department of State:
☑ \$35 Filing Fee ☐\$43.75 Filing Certificate of	Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



The Villas at Resort World Condominium	Association, Inc.		
(Name of Corporat	ion as currently f	iled with the Florida Dep	t. of State)
N32706			
(Document N	Number of Corpora	tion (if known)	
Pursuant to the provisions of section 617.100 following amendment(s) to its Articles of Inc.		s, this <i>Florida Not For Pro</i>	fit Corporation adopts the
A. If amending name, enter the new name	e of the corporati	on:	
The new name must be distinguishable and c "Corp," or "Inc," <u>"Company" or "Co," m</u>			ated" or the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF			
D. If amending the registered agent and/o new registered agent and/or the new re			r the name of the
Name of New Registered Agent: A	Anthony J. Picciano	)	<u> </u>
<del>-</del>	451 Palm Parkway	Florida street address)	·
<u>New Registered Office Address:</u>			
<u>1</u> .	ake Buena Vista	(City)	Florida 32836 (Zip Code)
New Registered Agent's Signature, if chan thereby accept the appointment as registere Signat	ed agent. I am fam	Agent:	·

Page 1 of 4

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)		<u>Name</u>		Address	
1) DP	Já	ared M. Meyers		8451 Palm Parkway	
				Lake Buena Vista, FL 32836	
2) DVP_	A	nthony J. Picciano		8451 Palm Parkway	
·	_			Lake Buena Vista, FL 32836	
3)_DST	D	Damola Aré		8451 Palm Parkway	
· · · · · · · · · · · · · · · · · · ·			<del></del>	Lake Buena Vista, FL 32836	
4)					
/ <del></del>			<del></del>		
5)					
			<del></del>		
6)					
If REMOVI	NG an officer a	and/or director, please list the	title(s) and	name of the officer/director to be re	moved:
Trial ( )	<b>N</b> 1		Tial (a)	None	
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1) <u>S</u>	Jared M. N	Meyers	4)		
2)			<b>5</b> \		
<u> </u>		<u></u>	5)		
3)			6)		

If amending or adding additional Art attach additional sheets, if necessary).	(Be spec	zific)					
	<del>-</del>	. <del>-</del> -		_			 
		<del></del>			<u> </u>		 
		<u></u>					
	<u>.</u>		<u> </u>				
							 •
		· · · · · · · · · · · · · · · · · · ·					 
						<del></del>	 
						·	
			<del></del>				 
		_	Training to the state of the st			<u> </u>	 
	<u></u>	<u>, w</u>					 
	<del></del>					<del></del>	 
			···		<del></del>		 
	· .· ·						 

The	date of each amendment(s) adoption: 09/30/11
Effe	rtive date if applicable:
	(no more than 90 days after amendment file date)
Ada	otion of Amendment(s) ( <u>CHECK ONE</u> )
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
Ø	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated
	Signature (P), the chairman or via debaired of the board president or other officer if directors
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	JARED M. MEYERS
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Page 4 of 4