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SECRETARY OF STATE

T. HAMPTON

SEP # 3 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT:	Vacatio	n Hotel, LLC	
			ed Liability Company	- ~
			* A A STATE OF THE	
The en	closed Articles of Amendment	and fee(s) are subn	nitted for filing.	•
Please	return all correspondence conce	erning this matter to	o the following:	
			Calvin Marchell	
			Name of Person	
		V	acation Hotel, LLC	
			Firm/Company	
		707	70 Pioneer Lakes Cir	
			Address	
		West	Palm Beach, FL 33413	
			City/State and Zip Code	
		Ca	Inan@comcast.net be used for future annual report notif	cation)
For fur	ther information concerning this		·	cation)
	Calvin March	ell	_{at (} 561)	482-7625
	Name of Person		Area Code & Daytim	: Telephone Number
Enclose	ed is a check for the following a	ımount:		
□\$25	.00 Filing Fee \$30.00 F	Filing Fee & icate 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Va	ication Hotel, LLC		
(Name of the Limited Liab	ility Company as it now appear da Limited Liability Company)	s on our records.	<u> </u>
The Articles of Organization for this Limited Liabilit		13167	SECOLARIA assigned
	129		哥 4
Florida document number <u>Longooo III</u>			LE SSE SSE SSE
This amendment is submitted to amend the following A. If amending name, enter the new name of the		· ·	AM II: 57 OF STATE
	-	-	A
	nan Properties, LLC		(3 1 CD 3 11 1 3 2
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	DDRESS)		
E. A			
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE BOX	2		
	<u>-</u>		
B. If amending the registered agent and/or re	gistered office address on o	ur records, <u>ent</u>	er the name of the new
registered agent and/or the new registered office a			
Name of New Registered Agent:			
New Registered Office Address:		1	
	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
MGRM	Nancy Marchell	7070 Pioneer Lakes Cir West Palm Beach, FL 334	Add Remove		
			Add Remove		
	· — — — — — — — — — — — — — — — — — — —		Add Remove		
			Add Remove		
			AddRemove		
		<u>. </u>	Add Remove		
		enter change(s) here: (Attach additional sheets			
	Also, change email addres	s on record from vacationhotel@comca	ast.net to		
	calnan@comcast.net				
			2011 SE		
•			SEP		
			21 ASSE		
Dated	September 18	, 2011 .	AM II: 57 OF STATE FLORID		
	ar million				
	Signature	of a member or authorized representative of a mem	oer		
	 	Calvin Marchell Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00