

L14000168108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

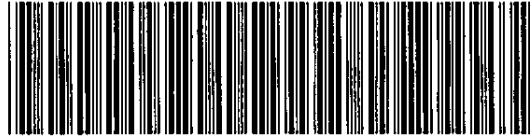
(Business Entity Name)

(Document Number)

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15 AUG 12 PM 2:58

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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15 AUG 12 PM 2:40

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M & M ALL SERVICES 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:

MARIET OSTOS

Name of Person

SUCCESS BUSINESS SOLUTION

Firm/Company

2751 S. CHICKASAW TRAIL STE 106

Address

ORLANDO, FL 32829

City/State and Zip Code

MOSTOS@MARIETOSTOS.COM

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

For further information concerning this matter, please call:

MARIET OSTOS

407 7454684
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2015

MARIET OSTOS
SUCCESS BUSINESS SOLUTION
2751 S CHICKASAW TRAIL STE 106
ORLANDO, FL 32829

SUBJECT: M & M ALL SERVICES LLC
Ref. Number: L14000168108

We have received your document for M & M ALL SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 315A00016511

FLORIDA DEPARTMENT OF STATE
1901 GUNN STREET, TALLAHASSEE, FL 32310

15 AUG 12 PM 2:40

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

M & M ALL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/28/2014 and assigned Florida document number L14000168108.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VACATION TRAVEL FLORIDA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

462 WOODBURY PINES CIR

ORLANDO, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

462 WOODBURY PINE CIR

ORLANDO, FL 32828

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office 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:

SUCCESS BUSINESS SOLUTION, INC

New Registered Office Address:

2751 S. CHICKASAW TRAIL STE 106

Enter Florida street address

ORLANDO

City

Florida 32829

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 15 AUG 2 10 2:41
 STATE OF CALIFORNIA
 COUNTY OF SAN DIEGO

