

L18000145038

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000184645 3)))



H250001846453ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)472-0533

2025 MAY 21 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAY BETTER VACATIONS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

RECEIVED

MAY 21 PM 12:51

STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

H25000184645 3

**AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
STAY BETTER VACATIONS LLC**

The Articles of Organization for this limited liability company were filed on June 12, 2018, as amended by those certain Articles of Amendment to Articles of Organization filed on October 3, 2018, and assigned Florida document number L18000145038, which Articles of Organization are hereby amended and restated to read as follows:

Article I – Name

The name of the limited liability company is Stay Better Vacations LLC (the “Company”).

Article II – Address

The mailing address and the street address of the principal office of the Company is 2477 Sadler Road, Fernandina Beach, Florida 32034.

Article III – Registered Agent, Registered Office and Registered Agent’s Signature

The name and the Florida street address of the registered agent are: Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated in this certificate, 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 relating 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.

Elizabeth Harris Elizabeth Harris, assistant VP
Registered Agent’s Signature

Article IV – Managers and Authorized Persons

Title:	Name and Address:
AR	Jakob Dwyer 1008 Airport Road, Suite F Destin, Florida 32541
AR	David Reed 1008 Airport Road, Suite F Destin, Florida 32541

FILED
2025 MAY 21 PM 1:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

H25000184645 3

H25000184645 3

AR

Chad R. Hatfield
1008 Airport Road, Suite F
Destin, Florida 32541

AR

Ryan Olin
1008 Airport Road, Suite F
Destin, Florida 32541

FILED
2025 MAY 21 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H25000184645 3

H25000184645 3

This document is executed in accordance with Section 605.0203(1)(a), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third-degree felony as provided for in Section 817.155, Florida Statutes.

Dated: May 15, 2025

Signed by:
Jakob Dwyer
TREP OF CONF AMEN

Jakob Dwyer, Authorized Representative

FILED
2025 MAY 21 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H25000184645 3