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| Special Instructions to f | Filing Officer: | |
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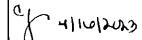
Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: RAS VACATION
Firm/Company 2289 NW 52 COUR E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 709 - 2092 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee XIS43.75 Filing Fee & □ \$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Taliahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

| | of | 711 | 2023 FEB - | -9 AM 9:08 |
|--|---------------------------|------------------|--|------------------|
| BRAS VACATTI | ON THO | -, | | |
| (Name of Corporation as cu | rrently filed wit | th the Florida | Dept. of State) L. | L |
| P220000 | 67972 | | | |
| (Document Nun | nber of Corporat | | | |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation: | s, this <i>Florida Pr</i> | ofit Corporatio | m adopts the following | g amendment(s) t |
| A. If amending name, enter the new name of the corporation | on: | | | |
| | | | | _The new |
| name must be distinguishable and contain the word "corporatio" lnc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association," or the abbreviation." B. Enter new principal office address, if applicable: | o". A professio | onal corporatio | ted or the abbreviation name must contai | n the word |
| (Principal office address MUST BE A STREET ADDRESS) | —// —— | | | |
| C. Enter new mailing address, if applicable: | | 1.4 | · · · · · · · · · · · · · · · · · · · | |
| (Mailing address MAY BE A POST OFFICE BOX) | -N ₁ | / A | | |
| | | | | |
| D. If amending the registered agent and/or registered office | address in Flor | rida, enter the | name of the | |
| new registered agent and/or the new registered office ad- | | | | |
| Name of New Registered Agent | | | | |
| | | , | | |
| . (Flori | da street address) | | | |
| New Registered Office Address: | | | , Florida | |
| | (City) | | (Zip C | ode) |
| • | | | | |
| New Registered Agent's Signature, if changing Registered A | gent: | | | |
| hereby accept the appointment as registered agent. I am fami | liar with and ace | cept the obligat | ions of the position. | |
| | | | | |
| | | | | |
| Signature of No | ew Registered Ag | gent, if changin | g | |

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change | $\overline{\text{LL}}$ | John Doe | |
|----------------------------|------------------------|----------------|---------------------|
| \underline{X} Remove | <u>V</u> | Mike Jones | |
| X Add | <u>SV</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | VP | SOPHIA STUPART | 2304 NW 52 nd COURT |
| Add | | | TAMARAC, FL 33300 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | · |
| Remove | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|---|
| Changes To Article VII-TO REMOVE SORTA STUPPET |
| Changes To Article VII-TO REMOVE SOPHIA STUPART QS VP. 2304 NW 52nd Court, TAMARAC, FL 33309 |
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| . If an amendment provides for an exchange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amendment if not contained in the amendment itself: (y'not applicable, indicate N/A) |
| N/A |
| |
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| |

| The date of each amendment(s) adoption:date this document was signed. | 02-01-2 | 023 | , if other than the |
|---|--|------------------------------------|-----------------------------------|
| Effective date <u>if applicable</u> : | 02 - 01 - 20 (no more than 90 days a |) 2.3 jier amendment jile date) | . , |
| Note: If the date inserted in this block does redocument's effective date on the Department of | | tutory filing requirements, th | is date will not be listed as the |
| Adoption of Amendment(s) (CF | IECK ONE) | | |
| The amendment(s) was/were adopted by the action was not required. | incorporators, or board of | directors without shareholder | r action and shareholder |
| ☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for | | r of votes east for the amendr | nent(s) |
| ☐ The amendment(s) was/were approved by the must be separately provided for each voting | | | |
| "The number of votes east for the ame | | • • | |
| by | | ··· | |
| (vo. | ting group) | | |
| | ident or other officer – if d orporator – if in the hands | irectors or officers have not b | een |
| | SONTA (Typed or printed name of | SELL person signing) | |
| · | PRESTAE (Title of person signing) | NI | |