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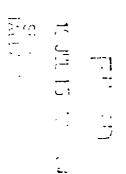
(Req	uestor's Name)	
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COVER LETTER

то:	Registration Se Division of Cor				
CHD IE/		Y VACATION HOMES LLC			
SUBJEC	I i	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		AGNALDO FONSECA			
		· **	Name of Person		
		MULTIPLY VACATION	HOMES LLC		
			Firm/Company		
		8850 NW 36TH ST # 2411			
			Address	<u> </u>	·
		DORAL - FL - 33178			
		agnaldo@objetivasat.com	City/State and Zip Co	ode	
		E-mail address: (to be used for future ann	ual report notific	ation)
For furth	ner information c	oncerning this matter, please ca	all:		
AGNAL	LDO FONSECA		786 at ()	253-0490	
	Name o	f Person	Area Code	Daytime 7	Telephone Number
Enclosed	d is a check for th	ne following amount:			
□ \$25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is	•	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS:	Regis	EET/COURIE	
	P.O. Be	on of Corporations ox 6327	Clifto	ion of Corporat n Building	
	Tallaha	assee, FL 32314		Executive Cent nassee, FL 3230	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULTIPLY VACATION HOMES LLC		
(<u>Name of the Limited Liabil</u> (A Florid	hity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L19000107276	Company were filed on 04/19/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		28.5
		·
B. If amending the registered agent and/or regi registered agent and/or the new registered office ade		er the name of-the
		1 71
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	Florido	
 	, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

NOTE THE STATE OF THE STATE OF

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

CL

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>	Type of Action
VP	LEON, CHRISTIANNE	6142 NW 115 PL #319 DORAL, FL 33178	Remove
			■ Remove
			☐ Change
.			Add
			□ Remove
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		Remove	
			☐ Change

Page 2 of 3

ir amending any other informatic	on, enter change(s) here: (Attach additional sheets, if necessary.)
 ,	
	
	
men at the second of the	La EGV
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ck does not meet the applicable statutory filing requirements, this date will not be listed a
the record specifies a delayed of the fecore (). The 90th day after the recore	effective date, but not an effective time, at 12:01 a.m. on the earlier or is filed.
June, 10	2019
	Hedden July 10 2019
S	signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

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