

L020000004140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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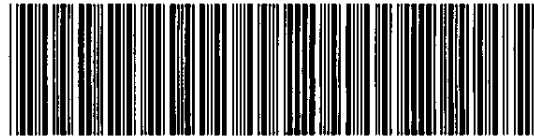
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY - 6 PM 2:38

T. HAMPTON

MAY - 7 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIP Vacation Rentals, 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:

Evelyn Wagner Persons

(Name of Person)

VIP Realty Group, Inc

(Firm/Company)

13131 University Dr

(Address)

Fort Myers, FL 33907

(City/State and Zip Code)

For further information concerning this matter, please call:

Evelyn Wagner Persons

(Name of Person)

at (239) 489 1100 X 240

(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

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

VIP Vacation Rentals, 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 2/20/02 and assigned
Florida document number L02000004140.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Charles C. Ashby

New Registered Office Address:

13131 University Dr

(Enter Florida street address)

Fort Myers

, Florida

33907

(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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

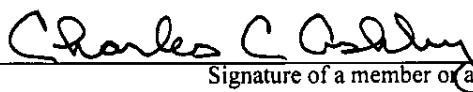
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SanCap Vacation Rentals, Inc	1506 Periwinkle Way Sanibel, FL 33957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rodney Jobe	1506 Periwinkle Way Sanibel, FL 33957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Keith McMenamy	1506 Periwinkle Way Sanibel, FL 33957	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Charles C. Ashby	13131 University Dr Fort Myers, FL 33907	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	James Hall	1560 Periwinkle Way Sanibel, FL 33957	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY -6 PM 2:39

Dated _____, _____



Signature of a member or authorized representative of a member

Charles C. Ashby

Typed or printed name of signee