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SECRETARY OF STATE

D. BRUCE

SEP 28 2010

EXAMINER

COVER LETTER

	n Section	•	а
SUBJECT:	EXIT M	ARKETING LLC	
		nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	abmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
		KANWAL SURI	
		Name of Person	
		Firm/Company	
		PO BOX 290186	
	PO	RT ORANGE FL 32129	
		City/State and Zip Code	
	KE E-mail address:	NSURI@YAHOO.COM (to be used for future annual report notification)	,,-
For further information	on concerning this matter, please	call:	SEP 27 AHASSEI
	KEN SURI	at \	7783
Nar	me of Person	Area Code & Daytime Telep	phone Number FISTATE TO RIDE T
Enclosed is a check f	for the following amount:		Þ. W
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[7]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COURIER A Registration Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	EXII MARKI	ETING LLC	ur records	
(A	Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited Li Florida document number L02000016		were filed onMARG	CH 25, 2010	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
VACATION R	ENTALS OF	DAYTONA BEACH I	LC_	
The new name must be distinguishable and end wit 'L.L.C."	h the words "Limi	ted Liability Company," th	e designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able:			
Principal office address MUST BE A STREE	T ADDRESS)	 		
		.		en
Enter new mailing address, if applicable:		PO BOX 290186	.LAHA\$	SEP 7
Mailing address MAY BE A POST OFFICE BOX)		PORT ORANGE	FL 32129 K	7 L Z
B. If amending the registered agent and/o	or registered of	fice address on our re	cords, entePt	
registered agent and/or the new registered of				
Name of New Registered Agent:	JULIE D LA	IBLE EA		
New Registered Office Address:	121 DUNDE		•	
		Enter Flo	ridå street add	ress
DAYT		TONA BEACH	, Florida	32118
		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

Page 1 of 2,

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

4 . 1 .

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	· 		Add Remove
			Domovo
			Add Remove
·			Add Remove
	·		Domovo
			Add Remove
D. If ame	nding any other information, en	ter change(s) here: (Attach additional sh	eets, if necessary.)
- - -			FILE 10 SEP 27 PM 1 SECRETARY OF SIALLAHAS SEE. FLU
Dated	SEPTEMBER 20	, <u>2010</u> .	PM 4: 12 GH STATE FLORIDA
	Signature of	a member or authorized representative of a r	nember
	oiginiture oi	KANWAL SURI	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00