L0200016893

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COVER LETTER

TO: Registration Section Division of Corpor			•		
	V RENTALS DE	DAYTONA BEACH U	C.		
VOINT VILLE	Name of Lim	nited Liability Company		201	•¬
			: 	<u>の</u> /	U T!
The enclosed Articles of Am	nendment and fee(s) are sub	omitted for filing.		9 .	7
Please return all corresponde	man announcing this matter	to the fellowing)EP	
r lease return all corresponde	ance concerning this matter	to the following.		· 三	μÜ
	Aswin Su	WI		2018 AUG -3 AM 10: 06	0
	_	Name of Person			
		Firm/Company			
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	1.0. BOX 2901	86			
		Address			<u>.2</u>
	Dark Avanas	G. 32129		⇔	∀ 86 616
	- roin orange	City/State and Zip Code		恋	
	aswin @ aswin	SILVE COM.		1	151 151
-	E-mail address: (to be used for future annual report notif	fication)	- P	326
For further information conc	erning this matter, please c	all:		ာ င	:
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Hswin Su	VI	at(<u>386_)_383.8</u>		- -	::::::::::::::::::::::::::::::::::::::
Name of Pe	rson	Area Code Daytime	e Telephone Number		
Enclosed is a check for the fe	ollowing amount:				
□ \$25.00 filing fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fe	e,	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy		
RECEIN AUG - 7 A RETARY A		(andrewnar copy is enclosed)	(additional copy is		
RE AUG AUG					
6 6 11					
	G ADDRESS:	STREET/COURI			
Registratio Division o	on Section f Corporations	Registration Section Division of Corporation			
P.O. Box 6	5327	Clifton Building			
Tallahasse	e. FL 32314	2661 Executive Ce	nter Circle		

Tallahassee, FL 32301



July 26, 2018

ASWIN SURI P.O. BOX 290186 PORT ORANGE, FL 32129

SUBJECT: VACATION RENTALS OF DAYTONA BEACH LLC

Ref. Number: L02000016893

We have received your document for VACATION RENTALS OF DAYTONA BEACH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 618A00015412

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VACATION RENTALS DI (Name of the Limited Liab) (A Florid	Hity Company as it now ap da Limited Liability Compa	BEACH, LLC. pears on our records.) ny)		
The Articles of Organization for this Limited Liability Florida document number <u>L0200016893</u>	Company were filed or	I	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin EARTH'S NATURAL MINERALS The new name must be distinguishable and contain the words "Lin	^ 11 A		abbreviation "L.L.C	
Enter new principal offices address, if applicable:				,
(Principal office address MUST BE A STREET ADD	ORESS)			: 1년 전급
Enter new mailing address, if applicable:				CIP CONTROL OF THE PROPERTY OF
(Mailing address MAY BE A POST OFFICE BOX)			<u>ः इ</u>	
B. If amending the registered agent and/or regi		on our records, ente	r the name of	合物 分 the nev
Name of New Registered Agent:				
New Registered Office Address:	Enter	Florida street address		
		Florida _		
	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 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

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
			
			Remove
			☐ Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove
			☐ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing: 8218 (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	8 2 1 18
	Signature of a munber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00