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TO: Registration S Division of Co			
CIIDICAT	CATIONS, LLC		
SOBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Steven Berkeley		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Berkeley Law Office, P.A	ı.	
	Name of Person Berkeley Law Office, P.A. Firm-Company 2295 NW Corporate Blvd., Suite 117 Address Boca Raton, FL 33431 City/State and Zip Code smb@berkeleylawoffice.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call:		
	2295 NW Corporate Blvd	Suite 117	
		Address	
	Boca Raton, FL 33431		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
Steven Berkeley			
Name o	i Person		ime Telephone Number
Enclosed is a check for the	he 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)
Malling Addres Registration 5		Street Address:	
Division of C		Registration S Division of C	
P.O. Box 632	7	The Centre of	
Tallahassee, I	7L 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: CCDEE206-9063-4B4B-90B9-20B89C8748D8 OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF ORGANIZATION OF

DHM VACATIONS, LLC			
(Name of the Lim	ited Liability Compan (A Florida Limited Li	<u>v as it now appears on our r</u> ability Company)	ecords.)
The Articles of Organization for this Limited I Florida document number L05000061555	Liability Company v	vere filed on _03/10/2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			·····
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	EBOX)		
B. If amending the registered agent and/or	_	ddress on our records, <u>e</u>	nter the name of the new register
agent and/or the new registered office addre	ess nere:		
Name of New Registered Agent:	Berkeley Law O	ffice, P.A.	
New Registered Office Address:	2295 NW Corpo	rate Blvd., Suite 117	
		Enter Florida street c	oddress
	Boca Raton		, Florida <u>33431</u>
		Cin	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.

DocuSign Envelope ID: GCDEE200-9063-4848-9089-20889C874808 , 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>	Address	Type of Action
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			□Remove
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