

JUN 13-2014 09:25 AM from: 302-575-6162 Page: 1/6
Division of Corporations Page 1 of 6
LO6000102400

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000140689 3)))



H140001406893ABCD

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

*IF POSSIBLE PLEASE
FILE AS OF 4/22/14
Thank you,
JEANETTE
6 PAGES FILED*

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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14 JUN 13 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AMERICA'S VACATION CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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14 APR 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

850-617-6381

6/13/2014 9:20:28 AM PAGE 1/001 Fax Server



June 13, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AMERICA'S VACATION CENTER, LLC
5201 BLUE LAGOON DRIVE
900
MIAMI, FL 33126

SUBJECT: AMERICA'S VACATION CENTER, LLC
REF: L06000102400

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

This is not a registered agent change it is an amendment.

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

Diane Cushing
Senior Section Administrator

FAX Aud. #: H14000095760
Letter Number: 514A00012821

RECEIVED
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TALLAHASSEE, FLORIDA

H14000140689 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AMERICA'S VACATION CENTER, LLC

(Name of the Limited Liability Company, as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 APR 22 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/20/2006 and assigned Florida document number L06000102400

This amendment is submitted to amend the following:

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

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:

(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:

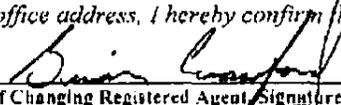
Name of New Registered Agent: AGENTS AND CORPORATIONS, INC.

New Registered Office Address: 300 FIFTH AVENUE SOUTH, SUITE 101-330
Enter Florida street address

NAPLES, Florida 34102
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.


Brian C. Crawford, Asst. Secretary
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

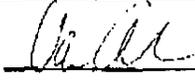
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 21, 2014



Signature of a member or authorized representative of a member

VAN ANDERSON

Typed or printed name of signer