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DEC-12009

EXAMINER

JOSEPH A. TROIANO ESQ., PA

A PROFESSIONAL ASSOCIATION

JOSEPH A. TROIANO, ESQ. CPA. LLM* 239.823. 5222 CELL JTROIANO@JOSEPHTROIANOPA.COM 12800 UNIVERSITY DRIVE, SUITE 380 FORT MYERS, FLORIDA 33907 239.482.3998 TELEPHONE 239.466.2866 FAX

December 1, 2009

PRIVATE & CONFIDENTIAL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: XPRESS SUN TRAVEL, LLC

Dear Sir or Madam:

Enclosed for filing is an Articles of Amendment to Articles of Organization of XPRESS SUN TRAVEL, LLC together with our check in the amount of \$30.00 for the required filing fees.

After the Articles of Amendment is filed, please return a copy to this Office in the postage-paid return envelope that we have enclosed.

Thank you for your assistance. Should you have any questions or require additional information, please feel free to contact me.

Joseph A. Troiano, Esq. For the Firm

JAT/jdc Enclosures 2000 DEC -4 AM II: 18
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

COVER LETTER

то:	Registration Sec Division of Corp					
SUBJE	CT:	XPRESS S	SUN TRAVEL, LLC			
The end	closed Articles of A	mendment and fee(s) are su	bmitted for filing.			
Please r	eturn all correspon	dence concerning this matte	r to the following:			
		10055	Name of Person			
		JOSEPH A. TROIANO, ESQ., P.A. Firm/Company				
		12800 UNIVERSITY DRIVE, SUITE 380				
			Address			
		FORT MYERS, FL 33907 City/State and Zip Code				
		JTROIANO@JOSEPHTROIANOPA.COM E-mail address: (to be used for future annual report notification)				
For furt	her information co	ncerning this matter, please	call:			
JOSEPH A. TROIANO, ESQ.		at (at (239_)4 Area Code & Daytime	182-3998 Telephone Number			
Enclose	d 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

XPRESS S	<u>UN TRAVEL, LLC</u>)	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears nited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	12/19/2006	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	2:	
XPERIA V	ACATIONS, LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		75.2
			TALLAHI
Enter new mailing address, if applicable:			ARY ARY
(Mailing address MAY BE A POST OFFICE BOX)			E G A
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on o	ur records, <u>enter t</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street add	ress
		, Florida	2. 4. 1
	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>	Type of Action		
			Add		
			Remove		
			Add		
	•				
			Add Remove		
			Add		
			Remove		
			Add		
			Add Remove		
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary)	FIL 2009 DEC -4		
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		Dri Dri	18		
Dated	Arlun man	009 aq6/			
		r or authorized representative of a member			
	Typed	A. TROIANO, MANAGER or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00