L06000 120861

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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• COVER LETTER •

TO: Registration Sec Division of Corp			٠.
MY VACAT	ΓΙΟΝ HAVEN, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	idence concerning this matter to	o the following:	
	SHANNON L WIDMAN		
		Name of Person	
	PORATH & ASSOCIATES	S PA	
		Firm/Company	
	600 GRAND BOULEVAR	D #201	
		Address	
	MIRAMAR BEACH, FL 3	2550	
		City/State and Zip Code	
	DPBUCKNER@YAHOO.C		
	E-mail address: (to	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	11:	
SHANNON WIDMAN		850 622-0102 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

FILED

ARTICLES OF ORGANIZATION 2015 SEP 15 PM 2: 04

OF

SECHETA-Y UN STATE BALLAHASSEE, FLORIDA

MY VACATION HAVEN, LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	.)			
The Articles of Organization for this Limited Liability Company Florida document number L06000120861	were filed on 12/20/2006	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	600 GRAND BOULEVARD STE 202				
(Principal office address MUST BE A STREET ADDRESS)	DRESS) MIRAMAR BEACH, FL 32550				
Enter new mailing address, if applicable:	600 GRAND BOULEVARD STE 202 MIRAMAR BEACH, FL 32550				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		, enter the name of the r			
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:	Enter Florida street address	s			
		orida			
	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>	Address	Type of Action
MGRM	DEBORAH NORINE	15225 60TH ST NW	Add
		ANNANDALE, MN 55302	Remove
			☐ Change
MGRM	DANIEL BUCKNER	600 Grand Boulevard Suite 202	Add
		Miramar Beach, FL 32550	□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			☐ Change
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Note: If	e date, if other than the dative date is listed, the date must be the date inserted in this blocat's effective date on the Dep	k does not m	neet the applica	able statut	ling or more the	opt nan 90 days afte juirements, th	ional) er filing.) Pursua is date will no	nt to 605.0207 t t be listed as t
	rd specifies a delayed e Oth day after the recor			t an effe	ective time	, at 12:01	a.m. on the	e earlier of
Sated S	eptember 14		2015					
		,	·					
	S	gnature of a r	m q mber or autho	orized reppe	sentative of a	member		

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Filing Fee: \$25.00