

LD8000009580

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZOL VACATIONS, LLC

(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLOR RAMIREZ

(Name of Person)

Flor Ramirez

(Firm/Company)

11301 SOUTH O.B.T. SUITE 208

(Address)

ORLANDO FLORIDA 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

FLOR RAMIREZ

(Name of Person)

at (407) 908-3127

(Area Code & Daytime Telephone Number)

Enclosed 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**

ZOL VACATIONS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/28/2008 and assigned
Florida document number L08000009580.

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:

11301 SOUTH O.B.T. SUITE 208

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO FLORIDA 32837

Enter new mailing address, if applicable:

11301 SOUTH O.B.T. SUITE 208

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO FLORIDA 32837

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:

FLOR RAMIREZ

New Registered Office Address:

11301 SOUTH O.B.T. SUITE 208

(Enter Florida street address)

ORLANDO

(City)

Florida 32837

(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.

Flor Ramirez
(If Changing Registered Agent, Signature of New Registered Agent)

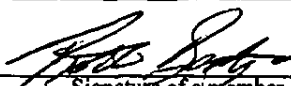
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR <input checked="" type="checkbox"/>	ROBERT SANTIAGO	11312 SOUTH OBT ORLANDO FLORIDA 32837	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	FLOR RAMIREZ	11301 SOUTH O.B.T. SUITE 208 ORLANDO FLORIDA 32837	<input checked="" type="checkbox"/> Add <input checked="" 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.)

Dated _____

 9/3/08

Signature of a member or authorized representative of a member

ROBERT SANTIAGO

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 SEP 12 PM 1:42

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