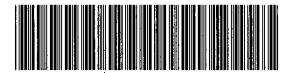
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SECRETARY OF STATE TAIL AHASSEE, FLORIDA

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M. THOMAS

AUG 1 2 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: VACAT	ION PARADISE TR	AVEL GROUP LLC	D	
	-			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
VACATION PARADISE TRAVEL GROUP LLC				
	%			
2336 MIDTOWN TER APT. 937 (Address)			ASE NO	
	ODLANDO EL 20020			
ORLANDO, FL 32839 (City/State and Zip Code)				
		(City/State and Zip Code)	The second	
For further information of	concerning this matter, please c	all:	OB AUG 11 AM BE OF STATE RECHETARY OF STATE ADARD	
ASHELY MCCHESNE	:Y	at (407) 668-7344	ም	
(Name of Person) (Area Code & Daytime Telephone Number			elephone 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)	

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 ARTICLES OF ORGANIZATION \mathbf{OF}

VACATION PARADISE TRAVEL GROUP 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 03/11/2008 and assigned Florida document number L08000025474 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 "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: **ASHLEY MCCHESNEY** Name of New Registered Agent: 2336 MIDTOWN TER. APT. 937 New Registered Office Address: (Enter Florida street address) , Florida ³²⁸³⁹ ORLANDO (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 offic and was, khereby 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u>

Title	<u>Name</u>	Address	Type of Action
MGR	OMAR RODRIGUEZ	2336 MIDTOWN TER. APT. 937	Add Remove
			_
			Add Remove
			Add Add
			Add H
			Add Remove
			Add Remove
D. If amo	ending any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.)	
<u>:</u>	ARTICLE V: CHANGE TITLE OF MANAG	ING MEMBER/MANAGER	·
-	NAME: ASHLEY MCCHESNEY		
,	NEW TITLE: MGR		
-			
Dated Au	* 1)-1/w/x/ 7		
	Signature of a memb	per or authorized representative of a member	
	Тур	ed or printed name of signee	

ryped or printed name of signe

Page 2 of 2

Filing Fee: \$25.00