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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2021

JENNIFER FRANKENSTEIN 2127 S TERRACE BLVD LONGWOOD, FL 32779

SUBJECT: GREATOCEANCONDOS.COM, LLC

Ref. Number: L08000027643

We have received your document for GREATOCEANCONDOS.COM, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000114654.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00001710

Please See updated name Change document.

The filing fee check his already been www.sunbiz.org

Division of Cornerations P.O. BOX 6327 Tollahorson Florida 32314

COVER LETTER

	Registration Se Division of Cor			
SUBJEC	1081	EANCONDOS.COM, LLC		
SUBJEC	- 1 i	Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JENNIFER FRANKENST	TEIN	
			Name of Person	
			Firm/Company	
		2127 S. Terrace Blvd.		
		Longwood, FL 32779	Address	
		Bongwood, 18 32777	City/State and Zip Code	
		Jennifer@GreatOceanCon		
		E-mail address: (to be used for future annual report not	tification)
For furth	er information c	oncerning this matter, please c	all:	
JENNIFI	ER FRANKENS	VTEIN	407 756-4788 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≌ \$25.0	00 Filing Fee	\$\rightarrow\$ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-	Mailing Address	_	Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of 7	•
	Tallahassee, I			oc Street Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION $_{ij}$ **OF**

GREATOCEANCONDOS.COM, LLC

2021 FEB 15 PH 12: 00

	(A Florida Limited	iny as it now appears of Liability Company)	nicous (consiss)	
he Articles of Organization for this Limited I	iahility Company	wers filed on 03/17	/2008 and assis	
orida document number L08000027643	saomy company	were med on	and assig	nea
onda document number	•			
nis amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name (of the limited liab	ility company here	:	
Vacation K ne new name must be distinguishable and contain the				
te new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:		2127 S. Terrace BI	vd.	
(Principal office address MUST BE A STREET ADDRESS)		Longwood, FL 321	79	
			<u> </u>	
Enter new mailing address, if applicable:		2127 S. Terrace Bl	vd.	
failing address MAY BE A POST OFFICE	ROX)	Longwood, FL 327	19	
Aailing address MAY BE A POST OFFICE	BOX)	Longwood, FL 32	79	_
<u> Iailing address MAY BE A POST OFFICE</u>	<u>' BOX)</u>	Longwood, FL. 32	79	
If amending the registered agent and/or	registered office :			
If amending the registered agent and/or	registered office :			-egi:
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If amending the registered agent and/or tent and/or the new registered office addressed of New Registered Agent:	registered office : :ss here: N/A	address on our reco	ords, <u>enter the name of the new</u>	

N

1 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 revords:

MGR = N $AMBR = A$	lanager authorized Member	na year na 1 na na n		
<u>Title</u>	<u>Name</u>	Address 2021 FEB 15 PH 12: 00	Type of Action	
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	Si Company
effective date, if other than the date of filing: Ned effective date is listed, the date must be specific and cannot be pring. If the date inserted in this block does not meet the appliment's effective date on the Department of State's record	or to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
1 11 20 . 202	<u>o</u> .
	-
Signature of a member or aut	horized representative of a member

Filing Fee: \$25.00