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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJ	ect: <u>Cos</u>	sibean Vaca	+1005, LLC	
		(Name of Limited Liability Company) mendment and fee(s) are submitted for filing. mence concerning this matter to the following: Daws Parson (Name of Person)		
The e	nclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please	e return all correspond	dence concerning this matter t	to the following:	
		Dawn	Purvis	
			(Name of Person)	
		Cassibeas	(Firm/Company)	
		<u> </u>	x 419	
			(Address)	
		St Peters	sburg, FL 3370	
			(City/State and Zip Code)	
For fu	urther information cor	ncerning this matter, please ca	all:	
	Sill Weir (Name of	Ch Operations (Mgs. at (727) 898 - 055 (Area Code & Daytime T	SS Selephone Number)
Enclo	sed is a check for the	following amount:		•
⊠ \$2	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

(Name of the Limite	d Liability Company A Florida Limited Liab	as it now appear	s on our records.) 08 SEP -	SECRETAL NVISION OF
The Articles of Organization for this Limited	Liability Company we	ere filed on	3/8/08	~> and ass	igned C
Florida document number _0800007	<u>633\</u> .			H 1: 42	STATE
This amendment is submitted to amend the fo	llowing:	•			Gr.
A. If amending name, enter the new name	of the limited liabilit	y company her	<u>e</u> :		
Caribbean Vacation	5 LLC				
The new name must be distinguishable and end w	vith the words "Limited	Liability Compa	ny," the designation	on "LLC" or the a	lbbreviation
Enter new principal offices address, if appl	icable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:	4.7% - 4.7%				
(Mailing address MAY BE A POST OFFICE	- E <i>BOX</i>)		AND DESCRIPTION		
B. If amending the registered agent and registered agent and/or the new registered	d/or registered offic	e address on o	our records, <u>ent</u>	ter the name o	of the new
Name of New Registered Agent:					
New Registered Office Address:	-	(E)	nter Florida stree	et address)	
			, Florida	a	
		(City)		(Zin Coo	de)

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

<u>le</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	-	e(s) here: (Attach additional sheets, if necessary.	
. –	her divorce. Her lea	e has changed due to	
_	Dawn Purvis, Plea		
	your records. The		
ted	August 29, 200	<u> </u>	
		•	
	Signature of a member	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00