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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Discount	t Vacation Outlet, L	LC. ited Liability Company)	
	· ·	, ,,	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Glenda Intriago		
		(Name of Person)	
	Discount Vacation Outlet	t, LLC.	
		(Firm/Company)	
	3501 W. Vine Street Suit	e # 348	
		(Address)	
	Kissimmee / Florida 3474	41	
		(City/State and Zip Code)	
For further information co.	ncerning this matter, please c	all:	
Glenda Intriago		at (407) 247-5152	
(Name of	Person)	(Area Code & Daytime T	elephone 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

Discount Vacation Outlet, LLC				
(Name of the Limited	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	1	
The Articles of Organization for this Limited L	iability Company	were filed on 09/15/08	and a	ssigned
Florida document number <u>L08000087678</u>	·•			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name (of the limited liab	pility company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the designatio	n "LLC" or the	abbreviation
Enter new principal offices address, if appli	cable:	3501 W. Vine Street Suite #348		0
(Principal office address MUST BE A STREI	ET ADDRESS)	Kissimmee, FI 34741	0.9	VSE EBS VSE
				<u> </u>
Enter new mailing address, if applicable:		3501 W. Vine Street Suite #348	23 R	
(Mailing address MAY BE A POST OFFICE BOX)		Kissimmee, FI 34741	<u>₹</u>	35 HO
			মূ	
B. If amending the registered agent and registered agent and/or the new registered of			er the name	of the new
Name of New Registered Agent:				
New Registered Office Address:	3501 W. Vine	Street Suite # 348		
	(Enter Florida street address)			
	Kissimmee	, Florida		
		(City)	(Zip Co	ode)

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 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>	<u>Address</u>	Type of Action
MGR	Sherzod Abdurakhimov	3501 W. Vine Street Suite # 348	Add Remove
	***************************************		Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	
- Management of the Control of the C			
			
Dated Febru	uary 19th , 20	1. 195.10	
	744	mber or authorized representative of a member	
	. 1	Glenda Intriago yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00