L09000064934

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EXAMINER

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2009 SEP 21 PM 3: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
109 SEP 21 PH 3: 31

COVER LETTER

Division of	Corporations				
SUBJECT:	VAC	CAZON, LLC			
		ited Liability Company	2		
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
		Bruce Hornstein, Esq.			
		Name of Person			
	Gree	n, Kahn & Piotrkowski ÞA		2009 SEP 21 SECRETAR TALLAHASS	
		Firm/Company		.ARC	-
		317-71st Street		21 ARY SSE	<u></u>
		Address		F P	[
	Mia	mi Beach, Florida 33141		PH 3: 34 OF STATE E. FLORIDA	Ĭ.
		City/State and Zip Code		Dri F	
	E-mail address: (jonzalez@gkppa.com to be used for future annual report notificat	ion)		
For further information	on concerning this matter, please	call:			
Bru	ce Hornstein, Esq.	at (305) 86	5-4311		
Nan	ne of Person	Area Code & Daytime To	elephone Number		
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	-	\$55.00 Filing Fee &	\$60.00 Fili	ng Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status &	d)
	ILING ADDRESS: sistration Section	STREET/COURIER Registration Section	ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VACAZON	, LLC		
(<u>Na</u>	ne of the Limited Liability Company a (A Florida Limited Liab	as it now appears ility Company)	s on our records.)	
The Articles of Organization f	or this Limited Liability Company we	ere filed on	07/06/2009	and assigned
Florida document number	L09000064934			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liabilit	y company here		
The new name must be distingui "L.L.C."	shable and end with the words "Limited	Liability Compar	ny," the designation "E	
Enter new principal offices a	ddress, if applicable:			
(Principal office address MUS	ST BE A STREET ADDRESS)		200	25 2
				is in
		•		3:34
Enter new mailing address, i	f applicable:			治。
(Mailing address MAY BE A	POST OFFICE BOX)			
B. If amending the registe registered agent and/or the n	red agent and/or registered office ew registered office address here:	address on ou	ur records, <u>enter tl</u>	he name of the new
Name of New Regist	ered Agent:			<u></u>
New Registered Office	ce Address:	T. etc.	er Florida street addr	
		Ente	er mioriaa sireel aaar	ess
		itv.	, Florida	Zip Code
Many Descintened & courts Simus	una if changing Degistered Agent.	ну		zip Coae

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:

Type of Action

MGR = Manager
MGRM = Managing Member

Title Name Address

MGR Nathalie Cohen 1000 5TH STREET SMIAMUREACHEL 3311

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D. II amend	ing any other miormation, ente	r change(s) here: (Attach additional sheets, if necessary.)	
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<u></u>			
Dated	September 16	2009	
Jaicu	,		
	Esthe	Cohan	
	Signature of a	member or authorized representative of a member	
		Esther Cohen	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00