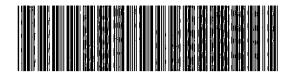
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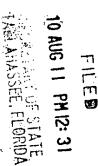
(Requestor's Name)					
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	ty/State/Zip/Phon	o #\			
	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

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EXAMINER





FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2010

CAROLYN DELAUDER 8715 SURF DRIVE 102 PANAMA CITY BEACH, FL 32408

SUBJECT: VACATION NATION LLC

Ref. Number: L09000068740

We have received your document for VACATION NATION LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 410A00018354

COVER LETTER

	(COVER LETTER				
TO: Registration S Division of Co	ection rporations					
SUBJECT:	Vacatio	on Nation LLC				
	Name of Limit	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
Carolyn DeLauder						
	Name of Person					
	Vacation Nation LLC					
Firm/Company						
	8715 Surf Drive #102					
	Address					
Panama City Beach, FL 32408						
	City/State and Zip Code					
vactionnation@hotmail.com E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please c					
Catherine Christy Name of Person		at (850) 5	27-7424			
Name	11 1 C 3 S 1	rate code & Baytime	elephone (Addition)			
Enclosed is a check for t	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

(Name of the Limited (A	Vaction Na	ation LLC ny as it now appear	s on our records.)			
(A	Florida Limited L	iability Company)	<u> </u>			
The Articles of Organization for this Limited Lia	ability Company	were filed on	July 16, 2009	and assigned		
Florida document number L09000068	740					
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	C	ility company hero	<u>*</u>	10 AUG 1		
				SSE P		
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "L	LC or the appreviation		
Enter new principal offices address, if applica	ible:	8715 Surf Driv	ve #102	<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)	DRESS) Panama City Beach FL 32408				
				· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		PMB 173				
(Mailing address MAY BE A POST OFFICE BOX)		11208 Hutchison Blvd				
	Panama City Beach FL 32407					
B. If amending the registered agent and/or registered agent and/or the new registered of Name of New Registered Agent:			ur records, <u>enter t</u>	he name of the new		
	8715 Surf D)rive #102				
New Registered Office Address:	ew Registered Office Address: 8715 Surf Drive #102 Enter Florida street address					
	Panama City Beach		. Florida	32408		
		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 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

MGRM = Managing Member Title. **Address** <u>Name</u> **Type of Action** MGRM Carolyn DeLauder **PMB 173** Add 11208 Hutchison Blvd Remove Panama City Beach, FL 32407 Catherine Christy MGRM 8715 Surf Drive #102 Remove Panama City Beach, FL 32408 MGRM Nathaniel Tice 8715 Surf Drive #102 Panama City Beach, FL 32408 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 26 Dated Signature of a member of authorized representative of a member Catherine S Christy

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00