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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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MCLEOD

MAR 23 2010

EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo			i	
SUBJI	ECT:	Great Pow	ver Vacations LLC		
		Name of Lim	ited Liability Company		<u></u>
The en	closed Articles of A	mendment and fee(s) are sul	bmitted for filing.		
Please	return all correspond	lence concerning this matter	r to the following:		
			Javier Hernandez		
			Name of Person		
		Grea	at Power Vacations, Ll	LC	
			Firm/Company		
		1	6456 SW 20th Street		
			Address		
	Miramar, FL 33027				
			City/State and Zip Code		
		jhernande	z@greatpowervacation to be used for future annual repo	ons.com	
For fur	ther information con	cerning this matter, please c	-	on necessary	
	Javier	Hernandez	at (305) Area Code &	298-260	08
	Name of P	erson	Area Code &	Daytime Telephone	e Number
Enclos	ed 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 en	iclosed)	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

Great Power \	/acations LL0		
(Name of the Limited Liability Compa (A Florida Limited	<mark>iny as it now appea</mark> Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	y were filed on	9/24/2009	and assigned
Florida document numberL0900092751			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>re</u> :	
Lionheart Stra	ategies LLC		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	any," the designation "l	LC" or the abbreviatio
Enter new principal offices address, if applicable:			9
(Principal office address MUST BE A STREET ADDRESS)			10
			A OR
*			FIAR OF R 22
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		***	
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B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on o <u>e</u> :	our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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

<u>Title</u>	<u>Name</u>		Address	Type of Action
MGR	Javier Hernan	dez	16456 Southwest 20th Street Miramar, FL 33027	Add Remove
<u>T</u>	Javier Hernan	dez	16456 Southwest 20th Street Miramar, FL 33027	Add _√ Remove
<u>T</u>	Walter G. Mar	tínez	16456 SW 20th Street Miramar, FL 33027	/ Add Remove
 -		· · · · · · · · · · · · · · · · · · ·		Add Remove
				Add Remove
		·		Add Remove
D. If a	mending any other inforn	nation, enter change(s	here: (Attach additional sheets, if necessary.)	_
				_
	Ml	10.0		_
Dated _	March 17	, 2010		
	S	ignature of a member or	authorized representative of a member	
			er Hernandez	
		Typed or p	orinted name of signee	

Page 2 of 2

Filing Fee: \$25.00