## L10000/3526

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10 MAR 22 AM II: 55

SECRETARY OF STATE
SECRETARY OF FLORIDA

## **COVER LETTER**

ŢO:	Registration S Division of Co	ection rporations	,		
SUBJI	· ECT•	BRAVO V	ACATIONS LLC		
30131	<u></u>		ited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
Tatsiana Bryts				<del></del>	
	Name of Person				
BRAVO VACAT			AVO VACATIONS LLC		
Firm/Company					
200 Leslie Drive Ste 1031					
Address					
Hallandale Beach, FL 33009					
		IIGH	City/State and Zip Code	···	
		brav	ovacations@gmail.com		
		E-mail address: (	to be used for future annual report no	tification)	
For fur	ther information	concerning this matter, please of	call:		
	Ta	atsiana Bryts	at ( 786 )	423-1046	
		of Person		ime Telephone Number	
Enclos	ed is a check for t	the following amount:			
<b>₹</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	Certificate of Status &  Certified Copy (additional copy is enclosed)	
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 10 MAR 22 AM II: 50

			<sup>Arr II</sup> : 56
BRAV	O VACATIONS LL	SECRETARY O	E CT.
BRAV (Name of the Limited Liabil (A Florid	lity Company as it now appe	ars on our records SSEE	FI ODIDA
(A Fiore	ia Liintea Liaointy Company	,	LONIDA
The Articles of Organization for this Limited Liability	Company were filed on _	February 05, 2010	_ and assigned
Florida document number L10000013526			
Torres accument names:	·		
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the li	imited liability company h	ere:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Com	pany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
Transmit was too harry but it out of the born	***************************************		
	( <del></del>		
B. If amending the registered agent and/or reg	ristered office address on	our records, enter the	name of the new
registered agent and/or the new registered office a			
Name of New Registered Agent:			
			-
New Registered Office Address:		Enter Florida street addres	
	1	amer I ivi ida sii eel uddi es	in and a second
	<i>(1)</i>	, Florida	7: G I
	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	Tatsiana Bryts	200 Leslie Drive Ste 1031 Hallandale Beach, FL 33009	
	-		Add Remove
<del></del>			Add Remove
<del></del>			AddRemove
			Add Remove
			Add Remove
D. Ifam	nending any other information, enter	change(s) here: (Attach additional sheets, if necessor	ary.)
			FILED  10 MAR 22 AM  SECRETARY OF TALLAHASSEE, F
Dated	March 18	2010	AM II: 56  OF STATE E; FLORIDA
	Signature of/a	Tatsiana Bryts Typed or printed name of signee	

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Filing Fee: \$25.00