

LI0000014612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800293057548

12/12/16--01015--015 **68.00

FILED

2016 DEC 12 P 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 13 2016

**TO: Registration Section
Division of Corporations**

SUBJECT: Your Vacation in Paradise LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lois J Smith

Name of Person

Your Vacation in Paradise LLC

Firm/Company

111 North F Street

Address

Pensacola, FL 32502

City/State and Zip Code

yourvacationllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lois J Smith

Name of Person

305 295-9551
at ()
Area Code

Daytime Telephone 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 12 P 4:05

FILED

ARTICLES OF ORGANIZATION OF

Your Vacation in Paradise LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/08/10 and assigned
Florida document number L10000014612

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

111 North F Street
Pensacola, FL 32502

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 North F Street
Pensacola, FL 32502

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Lois J Smith

New Registered Office Address:

111 North F Street

Enter Florida street address

Pensacola

, Florida 32502

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 605, 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.


Lois J Smith

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tracey L Willis	900 38th Ave NE	<input type="checkbox"/> Add
		St Petersburg, FL 33704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lois J Snith	111 North F Street	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32502	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2018 DEC 12 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12-9-16


Signature of a member

Signature of a member or authorized representative of a member

Lois J Smith

Typed or printed name of signee