

L1 000047288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

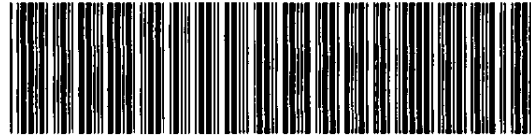
(Business Entity Name)

(Document Number)

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2010 OCT 29 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

NOV - 1 2010

EXAMINER

UO-47288

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VACATION ESCAPE INTERNATIONAL

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:

KEVIN P. SANCHEZ

Name of Person

VACATION ESCAPE INTERNATIONAL

Firm/Company

114 Vista Verdi Circle #220

Address

lake Mary Florida, 32746

City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin P. Sanchez

Name of Person

at (407)

230-2863

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 29 AM 10:50

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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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VACATION ESCAPE INTERNATIONAL

(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 05/2010 and assigned
Florida document number 27-2495463.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

793 blueberry ct

(Principal office address MUST BE A STREET ADDRESS)

Altamonte Springs Fl, 32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Pedro Davila

New Registered Office Address:

793 Blueberry Ct.

Enter Florida street address

Altamonte Springs

Florida

32714

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.

Pedro Davila
If Changing Registered Agent, Signature of New Registered Agent

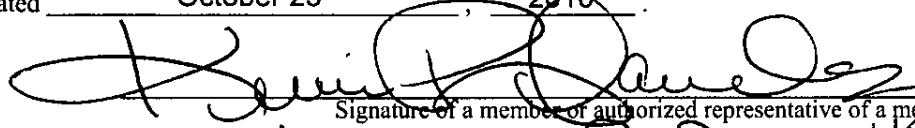
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kevin P. Sanchez	7392 NorthWest 35th Terrace suite 205 Miami Fl 33122	☐ Add ☒ Remove
MGRM	Pedro Davila	793 Blueberry Ct Altamonte Springs, Fl 32714	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

Dated October 25, 2016


 Signature of a member or authorized representative of a member

KEVIN P SANCHEZ
 Typed or printed name of signee

FILED
OCT 25 2016
AM 10 51
TALLAHASSEE FL 32310
STATE OF FLORIDA