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TALLAHASSEE, FLORIDA

T. CLINE

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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)

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For further information concerning this matter, please call:

Kevin P. Sanchez at ( 407 ) 230-2863
Name of Person 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

# 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:**
***(Principal office address MUST BE A STREET ADDRESS)***

793 blueberry ct
Altamonte Springs Fl, 32714

**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 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**

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

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

Dated October 25, 2010

Signature of a member or authorized representative of a member

KEVIN P SANCHEZ

Typed or printed name of signee



**Filing Fee: $25.00**