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COVER LETTER

TO:

TO: Registration S Division of Co			
	ESCAPES OF SWFL LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Keith Brady		
		Name of Person	
	Florida Vacation Rental L	aw	
		Firm/Company	
	1403 Durling Dr S		
		Address	
	S Pasadena, FL 33707		
		City/State and Zip Code	
	vannavongdavid@gmail.co		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Keith Brady, Attorney		727 201 7754	
Name	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre		<u>Street Address:</u> Registration Se	ection
Registration Division of (Division of Co	
P.O. Box 632		The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number L10000059727	iability Company	were filed on <u>06/03/2010</u>	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
			2
he new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applic	able:	2116 Par Dr	
Principal office address MUST BE A STREE		Naples, FL 34120	
			·
Inter new mailing address, if applicable:		2116 Par Dr	= = = = = = = = = = = = = = = = = = = =
Mailing address MAY BE A POST OFFICE	ROX)	Naples, FL 34120	
vianus mantis man ben 1 001 01 1 100	<u> </u>		
 If amending the registered agent and/or r gent and/or the new registered office addre 		address on our records,	enter the name of the new regist
Name of New Registered Agent:	David Vannavo	ong	<u> </u>
New Registered Office Address:	2116 Par Dr		
		Enter Florida street	t address
	Naples		, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR=	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
<u></u>			□Add
			□Remove
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		····	□Remove
			Change
			□ Add
			□Remove
			["] Changa

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ffective an effect	date. if other than the date of filing:
	's effective date on the Department of State's records.
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated	July 26 . 2024.
	VIH PN
	Signature of a member or authorized representative of a member
	- ()

Filing Fee: \$25.00