LICADU2179

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	<u> </u>
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2015 DEC IN P 4: 34
SEGRETARY OF STATE

FILED



COVER LETTER

Division of Co			
SUBJECT:V	acatim Rent	al Pros Real Esta	te, LLC
		•	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Steve Milo Name of Person	
		Firm/Company	
	200 Exec	stive Way, Por	nte Vedra Beach
		City/State and Zip Code	32082
	Kyuna bis E-mail dddress:	hop of mail. Come to be used for future annual report notif	ication) The E
For further information	concerning this matter, please c	all:	cation) LLAHASSE
KYUNG	Bishof of Person	at (<u>964</u>) <u>471</u> -	Telephone Number OF STATE
Enclosed is a check for t	he following amount:		t: 3u
\$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 ARTICLES OF ORGANIZATION **OF**

Vacation Rental Pros

The Articles of Organization for this Limited Liability Company Florida document numberL	were filed on3/21/2013 and assigned
This amendment is submitted to amend the following: Name A. If amending name, enter the new name of the limited liab	E Change illity company here: Executive Way Real Gate UC
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	200 Executive Way Ponte Vedra Beach, FL 32082
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	200 Executive way Ponte Vedra Beach. FL 32082
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	CRET.
New Registered Office Address:	Enter Florida street address Florida Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
	•

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
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			☐ Remove
			Change
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e 90th day after the record is filed.						
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December 11,	10/5	1-	1			
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Signature of a member of	\times					

Page 3 of 3

Filing Fee: \$25.00