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SLOBE LARK OF STATE

SALUBLANSSEE, FLORIDA

C. LEWIS

AUG 3 1 2012

EXAMINER

Cover Letter

LLC Name Change

Original Company: American Vacation Proprties, LLC

New Name: M.T. Lotz, LLC

Company Address: 912 SE 46th LN #204, Cape Coral, FL 33904

Company Tel#: 239-645-4876

Contact: James Morrissette Cell Phone: 239-464-9980

Attached are the amended articles of incorporation

James Morrissette

COVER LETTER

	Amercian Vaca	ation Properties, LLC	
SUBJECT:	Annoroidin vaoc	10111100011100, 220	
	Name of Limit	ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		James Morrissette	
	······································	Name of Person	
	America	n Vacation Properties, LLC	
		Firm/Company	
	9	12 SE 46th LN #204	
		Address	
	Ca	ap[e Coral, FL 33904	
		City/State and Zip Code	
	jpr E-mail address: (1	norrissette@live.com to be used for future annual report notificati	ion)
For further information	concerning this matter, please c	all:	
	es Morrissette	at (<u>239</u>) 4	64-9980
Name	S OF ECISOR	Aica Coue & Dayline It	
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

FILED

12 AUG 30 PM 3: 32

American Vacation	n Properties	SECRETA LLC TALLAHAS	RY OF STATE SSEE, FLORIDA
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear Liability Company)	s on our records.)	<u>- : </u>
The Articles of Organization for this Limited Liability Company Florida document numberL11000064193	were filed on	06-01-2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
M.T. Lotz	z, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	912 SE 46th	LN #204	
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral, F	FL 33904	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street add	ress
		, Florida	
	Çity		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.

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> **Address** Type of Action **MGRM** James Morrissette Existing to remain. ☐ Add Remove Christopher Mitchell MGR 4340 S. Gulf Circle ✓ Add N. Fort Myers, Fl 33903 Remove ✓ Add Remove □Add Remove □Add Remove

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

2012

8,13

Dated

Signature of a member or authorized representative of a member

∏Add .∏Remove

James Morrissette
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00