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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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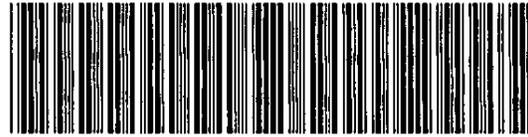
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

13 AUG 15 PM 1:29

FILED

AUG 20 2013

D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FG VACATIONS LLC
Name of Limited Liability Company

FILED
18 AUG 15 PM 11:29
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN PRZYSTUP
Name of Person

BRIAN PRZYSTUP & ASSOCIATES LLC
Firm/Company

275 NE 18TH ST STE 310
Address

MIAMI, FL 33132
City/State and Zip Code

MIA1040TAX@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN PRZYSTUP at (**305 3715131**)
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**

FG VACATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 AUG 16 PM 11:29
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/12/2011 and assigned
Florida document number L11000080101.

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)

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:

New Registered Office Address:

Enter Florida street address

_____, 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 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>	<u>Address</u>	<u>Type of Action</u>
<u>P/S</u>	<u>YEBNE, FACUNDO</u>	<u>1602 ALTON ROAD SUITE 52</u>	<input type="checkbox"/> Add
		<u>MIAMI BEACH, FL 33139</u>	<input checked="" type="checkbox"/> Remove
<u>P/S</u>	<u>PALOMINO, GULLIANA</u>	<u>1602 ALTON ROAD SUITE 52</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
 19 AUG 5 PM 4:29
 MIAMI BEACH, FL 33139

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

Dated AUGUST 9TH, 2013.

Facundo Yebne

Signature of a member or authorized representative of a member

FACUNDO YEBNE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
103 AUG 15 PM 4:29
FACUNDO YEBNE
FACUNDO YEBNE