

410000 80101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

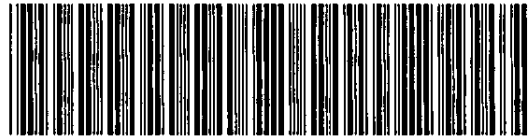
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800250673098

08/16/13--01015--015 **25.00

CLERK OF COURT
TALLAHASSEE, FLORIDA

13 AUG 15 PM 4:29

FILED

AUG 20 2013
D. BUTLER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FG VACATIONS LLC

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:

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

Name of Person

305 3715131

at ()

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

FILED
18 AUG 15 PM 11:29
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

**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>
P/S	YEBNE, FACUNDO	1602 ALTON ROAD SUITE 52	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
P/S	PALOMINO, GULLIANA	1602 ALTON ROAD SUITE 52	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
13 AUG 5 PM 4:29
CLERK OF DISTRICT COURT
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 16 PM 4:29
FACUNDO YEBNE
FACUNDO YEBNE