# 111000086438

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2011 NOV -8 AM 8: 04 SECRETARY OF STATE

> J. SAULSBERRY EXAMINER NOV 0 9 2011

## **COVER LETTER**

	on Section f Corporations	•			
SUBJECT:	Vacanz	a Rentals, LLC			
	Name of Lim	ited Liability Company			
The enclosed Articl	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all con	rrespondence concerning this matte	r to the following:			
		Bart Scovill			
		Name of Person			
Bart Scovill, PLC					
		Firm/Company		•	
	160	5 Main Street, Suite 912		2011 SEI	
		Address		AR 8	77
		Sarasota, FL 34236		2011 NOV -8 AM 8: 04 SECRUTARY OF STATE ALLAHASSEE, FLORID	Andrewson
		City/State and Zip Code			11
ایرید به مستور د وخ		Bettina@scovills.com			
For further information	E-mail address: (	to be used for future annual report not	ification)	RIDA RIDA	
	Bart Scovill	at (_941 <sub>)</sub>	365-2252		
N	ame of Person	Area Code & Dayti	me Telephone Number	r	
Enclosed is a check	for the following amount:				
<b>✓</b> \$25.00 Filing Fe	ce \$\sum \\$30.00 \text{ Filing Fee & Certificate of Status}	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	ite of Status &	ed)

### 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

Vacanza Re				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company	were filed onJuly 27	, 2011 and assigned		
Florida document number L11000086438				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and end with the words "Lim	ited Liability Company," the des	_		
"L.L.C."		2011 SEI TALI		
Enter new principal offices address, if applicable:	3613 Del Prado Blvd.	S. LE V		
(Principal office address MUST BE A STREET ADDRESS)	Unit C	in line in the same of the sam		
	Cape Coral, FL 33904	38. <b>6</b>		
Enter new mailing address, if applicable:	3613 Del Prado Blvd.	S STA		
(Mailing address MAY BE A POST OFFICE BOX)	Unit C	DA P		
101 001 001 001 001 001 001 001 001 001	Cape Coral, FL 33904			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, F	lorida		
	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Antech Alliance US, Inc.	5104 N. Lockwood Ridge Road Suite 102 Sarasota, FL 34234	Add ✓ Remove
MGR_	Gunnar Martensson	3613 Del Prado Blvd. S. Unit C Cape Coral, FL 33904	
MGR_	Mats Fredrik Martensso	n 3613 Del Prado Blvd. S. Unit C Cape Coral, FL 33904	Add Remove
			Add Remove
	<del> </del>		Add Remove
			Add Remove
D. If amend	ing any other information, ente	er change(s) here: (Attach additional sheets, if necessary.	) 
			ZOII NOV -
Dated	November 1	2011 PLORIDA	LED 8 AM 8: OF
	Signature of a	member or authorized representative of a member	<u> </u>
		Bart Scovill	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00