#11/0001/6603

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ScONETARY OF STATE

K. SALY EXAMINER

SEP 1 6 2013

COVER LETTER

TO: Registration Section
Division of Corporations

ULTIMATE VACATION GROUP, 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:

Johnathan Blake Curtis

Name of Person

Ultimate Vacation Group, LLC

Firm/Company

5224 W State Road 46, #139

Address

Sanford, FL 32771

City/State and Zip Code

uvg.florida@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Curtis

, 888 - 214-907<u>1</u>

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

13 SEP 13 PH 4: 19

SECRETARY OF STATE

Ords.)

Ultimate Vacation Group LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/11/2011 and assigned Florida document number L11000116603					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limit <u>ed liabili</u>	ty company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," (the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u>				
				•	
B. If amending the registered agent and/or registered agent and/or the new registered offi			ecords, enter the	name of the new	
Name of New Registered Agent:	Johnathan B	Curtis			
New Registered Office Address:	5224 W State Road 46, #139				
Enter Florida street address				S	
	Sanford		, Florida <u>3277</u>	'1	
		City		Zip Code	
New Desistand Agent's Signature if shonging De	wistanad Awants				

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, <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 5224 W. State RD 46 V Add MGR**M** Anthony Digiacomo Remove SANFORD FL 3277/ Remove Remove Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) It is my desire to correct the mailing and physical address
•	of the company and add a Manager with this amendment
	effective January 28th 2013. Please call is you have any
	questions.
Dated	9-9-2013 2013
	Signature of a unaber or authorized representative of a member
	Johnathan B Curtis
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00