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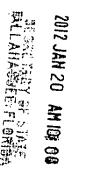
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	(Requestor's Name)
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PICK-UI	P WAIT MAIL
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Special Instructions	s to Filing Officer:
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,	A. LUNT
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	EXAMINER

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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

. Division	of Corporations				
SUBJECT:	COAST TO COAS	T ACCOMMODATIONS LLC			
	Name of Limited Liability Company				
The enclosed Arti	cles of Amendment and fee(s) are s	submitted for filing.			
Please return all c	orrespondence concerning this mat	ter to the following:			
		ROBERTO VELEZ			
		Name of Person			
	V	RM MANAGEMENT LLC			
		Firm/Company			
15499 ROOSEVELT BLVD		5499 ROOSEVELT BLVD			
		Address			
		CLEARWATER, FL 33760 City/State and Zip Code CO@VELEZCONSULTING COM			
	20252	City/State and Zip Code	-		
	E-mail address	OS VELEZZOCI IOCETITA COM	7 ;		
For further inform	nation concerning this matter, please	the transfer of the second	フ		
	ROBERTO VELEZ Name of Person	at (727) 244-1413 Area Code & Daytime Telephone Number			
	ck for the following amount:				
▼ \$25.00 Filing I	Fee \$\sum \\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	l)		
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	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

COAST TO COAST ACC	COMMODATI	ONS LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	i <mark>y as it now appear</mark> iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000145461	were filed on	12/30/2011		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation	on "LLC"	or the abbreviation
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 off		our records, ent	AHASSEE FLORISE the	2012 JAN 20 Frame of the new
registered agent and/or the new registered office address here	:			
Name of New Registered Agent:		<u>, , , , , , , , , , , , , , , , , , , </u>	,	
New Registered Office Address:	<i>I</i> ?	ter Florida street	addussi	,
	Eni	er rioriaa sireet	uaaress	j
		, Florida	ı	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Title **Name Address** Type of Action TRAVEL RESORT SERVICES INC. MGRM 13030 GULF BLVD ☐ Add MADEIRA BEACH, FL 33708 ✓ Remove MGRM JORGENSEN MOORE LTP 13030 GULF BLVD ✓ Add ☐ Remove MADEIRA BEACH, FL 33708 MGRM VMR MANAGEMENT LLC 15499 ROOSEVELT BLVD ∇ Remove CLEARWATER, FL 33760 MGRM VRM MANAGEMENT LLC 15499 ROOSEVELT BLVD 🚺 Add CLEARWATER, FL 33760 Remove \Box Add Remove

	·		 15:	E)
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-			 	
Dated	JANUARY 13	,2012		
	P. I.	A m 1/-1.		

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

Signature of a member or authorized representative of a member

ROBRETO M VELEZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00