## L12000084270

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EXAMINER



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SECRETARY OF STATE ON VISION OF CORPORATIONS

## **COVER LETTER**

10.	Division of Co			•	
SHRIF	CT.	Just V	acations LLC		
SUBJECT: Substitution State  Name of Limited Liability Company					
				الم الم	
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.	12 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Please r	eturn all corresp	ondence concerning this matter	to the following:		
			Scarlett L Toner		
			Name of Person		
	Just Vacations LLC				
	Firm/Company				
		541 N. Palmetto Ave. Ste. 103			
			Address		
			Sanford, FL 32771		
			City/State and Zip Code		
		E-mail address: (	rlett_toner@yahoo.com to be used for future annual report to	notification)	
For furt	her information	concerning this matter, please of	call:		
	Sc	arlett L Toner	at (_407_)	936-5311	
	Name	of Person	Arca Code & Da	ytime Telephone Number	
Enclose	ed 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	•	ţ			
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 passee, FL 32314	Registration So Division of Co Clifton Buildir	orporations ng - e Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO THE LOW OF COMO STATION.

Just Vacations 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 Lia	ability Company were filed on	06/26/2012	and assigned
Florida document numberL12000084			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	•		
Enter new mailing address, if applicable:		•	
(Mailing address MAY BE A POST OFFICE I			
B. If amending the registered agent and/or the new registered of	•	our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fo	nter Florida street ada	ress
	J,		
	City	, riorida	7in 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, 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>	Address	Type of Action
MGRM	James P Toner	541 N. Palmetto Ave. Suite 103 Sanford, FL 32771	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
	<del> </del>		Add Remove
D. If amend	ling any other informat	ion, enter change(s) here: (Attach additional sheets, if necess	sary.)
<del></del>			<del></del>
  Dated	July 2nd	2012	
		nature of a member or authorized representative of a member	
		Scarlett L Toner Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00