L12000146367

(Requ	estor's Name)		
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(City/S	tate/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Busin	ess Entity Name)		
	nent Number)		
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
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SECRETARY OF STATE

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

VACATIONS ON MIAMI BEACH, 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:

Renzo Badani

Name of Person

Vacations on Miami Beach, LLC

Firm/Company

5555 Collins Ave, #8U

Address

Miami Beach, FL 33140

City/State and Zip Code

mysobevacation@gmail.com

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

For further information concerning this matter, please call:

Renzo Badani

_{...}305、**335-379**7

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**

OF	ז	
Vacations On Miami Beach, LLC		Fig. B. The
(Name of the Limited Liability Compan	y as it now appears on our records.)	THE OF MAIN
(A Florida Limited Li	ability Company)	82 2 0
The Articles of Organization for this Limited Liability Company	vere filed on 11/20/2012	and accorded
1 12000146367	were med on	andassigned
Florida document number L12000146367		A Comment of the Comm
		Y
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the designation	n "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Trincipal Office data cas arous and a state and a stat		
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our records, ente	er the name of the new
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
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>	Address	Type of Action
MGRM	Fernando Ostolaza	5555 Collins Ave	Add
		Apt 8U	Remove
		Miami Beach, FL 33140	
			Add
			Remove
···	***************************************		Add
			Remove
	,		_
			Add
			Remove
			Add
			Remove
		4	
			Add
			Remove
			_

D. If amending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)
- ** 	
	
1st of Fobruary	2013
ated 1st of February	
	umm
Signatur	e of a member or authorized representative of a member
Renzo Badani	
	Typed or printed name of signee
	D 2 - 62

Page 3 of 3

Filing Fee: \$25.00