L12000/545/3

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

OCT 2 9 2013

T. BROWN

	Ç	COVER LETTER ,	
TO: Registration Section Division of Corporation	ön 🕠	9	?
SUBJECT: Casa	a Vacation Name of Lin	nited Liability Company	
The enclosed Articles of An	nendment and fee(s) are so	ubmitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
	Marcia	Zensinger Name of Person	
	Casa Va	acations, LL	
	811 Unit	ad 5t., Apt	1
	Koy We	City/State and Zip Code OBST FC 3304 City/State and Zip Code OBST NO.	<u>o</u>
	Zinger 1	OBbell south. NE	+
For further information conc		·	onneacon)
David Zen	51ngpr rson	at (305) 304- Area Code & Day	469Z time Telephone Number
Enclosed is a check for the f	ollowing amount:		
	≱\$ 30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TALLAHASSEE, FLORIDA

Casa Vacations, LLC

(A Florida Limited	Liability Company)	FLORIDA
The Articles of Organization for this Limited Liability Compan	ry were filed on December	
Florida document number <u>L12000154513</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words 'Lir 'L.L.C."	mited Liability Company," the	designation '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:	811 United	Skreet
(Mailing address MAY BE A POST OFFICE BOX)	Apt. 1	
	Key Wrst	Street ,FL 33040
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	=	
	Enter Flori	da street address
		, Florida
	City	Zф 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. Ifurther 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

<u>itle</u>	<u>Name</u>	Address	Type of Acti
			Add
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			Rem
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
ed	
	Signature of a newber or authorized representative of a member Marcia Zensinger
	Signature of a member or authorized representative of a member
	Marcia Zensinger
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00