

L12000156646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

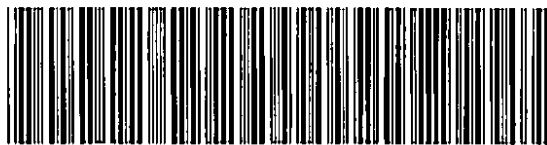
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TALLAHASSEE, FLORIDA

JUL 19 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phoenix Rental Properties, LLC
Name of Limited Liability Company

Corporation
(Name Change
Request)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivian Alfred

Name of Person

iTrip Vacations South Florida, LLC

Firm/Company

4180 El Prado Blvd

Address

Miami, FL 33133

City/State and Zip Code

vivian@itrip.net

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

For further information concerning this matter, please call:

Vivian Alfred

Name of Person

at (305)

Area Code

965-5880

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**

Phoenix Rental Properties, 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 12/17/2012 and assigned Florida document number L12000156646

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Trip Vacations South Florida, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3250 Mary St,

Miami, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4180 El Prado Blvd

Miami, FL 33133

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Vivian Alfred (aka Vivian Calzadilla
I just got married and changed
my name)

New Registered Office Address:

4180 El Prado Blvd

Enter Florida street address

Miami

City

Florida



Zip Code

33133

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 605, 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.

Vivian Alfred

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Vivian Alfred	4180 El Prado Blvd	<input type="checkbox"/> Add
		Miami, FL 33133	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change Name
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Company
1- changing name to: iFrip Vacations South Florida, LLC

2- updating Register's Agent name to:
Vivian Alfred[Ⓢ]

3- updating MGRM's name to:
Vivian Alfred[Ⓢ]

Ⓢ- Formerly known as Vivian Calzadilla, I got
married and changed my name

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

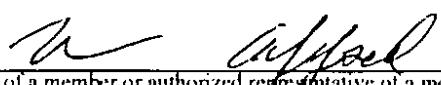
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 11, 2017.


Signature of a member or authorized representative of a member

Vivian Alfred
Typed or printed name of signee