

#L1300028917

12/13

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

Phone : (407) 898-1757

Fax Number : (407) 897-5336

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ORLANDO VACATION TRANSPORTATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALLY
EXAMINER

AUG 13 2013

COVER LETTER

H1 30001785563

TO: Registration Section
Division of Corporations

SUBJECT: ORLANDO VACATION TRANSPORTATION 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:

BRIANNA SAWYER

Name of Person

ORLANDO VACATION TRANSPORTATION LLC

Firm/Company

7041 GRAND NATIONAL DRIVE SUITE 128 - B

Address

ORLANDO, FL 32819

City/State and Zip Code

INFO@ABKCORP.COM

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

For further information concerning this matter, please call:

ACCOUNT BOOKKEEPING

Name of Person

at (407) 898-1757

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

11 3000 1785563

FILED
13 AUG 12 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ORLANDO VACATION TRANSPORTATION 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 02/25/2013 and assigned
Florida document number L13000028917

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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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

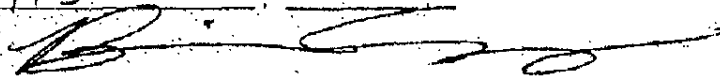
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RENATO RESTIVO	AV. GAL. CAVALCANTI DE ALBUQUERQUE 351 SAO PAULO /SP	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated 8/12/13



Signature of a member or authorized representative of a member

Brianna Sawyer

Typed or printed name of signee