# L13000035723

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

CHDIECT.

# MIAMI TRAVEL CENTER 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:

# CHRISTIAN E. BALLACHE

Name of Person

# MIAMI VACATION CENTER LLC

Firm/Company

## 761 EAST OKEECHOBEE RD.

Address

# HIALEAH, FLORIDA 33010

City/State and Zip Code

#### conocemicasa@gmail.com

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

For further information concerning this matter, please call:

# CHRISTIAN E. BALLACHE

786<sub>.</sub>597-8220

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

# FILED 2013 HAY 13 PH 2: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record	<u>ls.</u> )
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000035723</u>	were filed on 03/08/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
MIAMI VACATION CENTER LLC		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	761 East Okeechobee R	d.
(Principal office address MUST BE A STREET ADDRESS)	Hialeah, Florida 33010	
Enter new mailing address, if applicable:	761 East Okeechobee R	d.
(Mailing address MAY BE A POST OFFICE BOX)	Hialeah, Florida 33010	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	· ·	et address da
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> </u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□.
		<del></del>	Remove
		<del></del>	
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			Remove

D. "If am	ending any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)
-		
Dated	75/08	JOLB 0:0
	/	boller
	Signature of a m	ember or authorized representative of a member
	Christian E. Ballache	
		Typed or printed name of signee

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Filing Fee: \$25.00

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2013 MAY 13 PM 2:50

SECRETARY OF STATE
SECRETARY OF STATE