

L13000135308

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HF VACATION MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

68765

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DEC 26 2013

413000281104

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HF Vacation Management, 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:

Lee C. Schmachtenberg

Name of Person

Schmachtenberg & Associates

Firm/Company

1533 Sunset Drive, Ste. 201

Address

Coral Gables, FL 33143

City/State and Zip Code

jason@xhibeo.com

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

For further information concerning this matter, please call:

Lee C. Schmachtenberg at 305 666-4676

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

HF Vacation Management, LLC

(Name of the Limited Liability Company will now appear on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/24/2013 and assigned
Florida document number L13000135308

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)

1176 Castle Pines CT

Reunion, FL 34747.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1176 Castle Pines CT

Reunion, FL 34747.

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

City Florida 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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

REC-23 APR 27

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

Dated 17th DECEMBER 2013

[Signature]

[Signature]

Signature of a member or authorized representative of a member

JASON D. RANNEY

VICTORIA J. RANNEY

Typed or printed name of signor

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Filing Fee: \$25.00

DEC 23 PM 4:27

12/22/2013 23:25

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