# L17000177822

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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

## BONNET CREEK VACATIONS, 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:

# FABIAN TABORDA

Name of Person

Firm/Company

## 8240 SPRING BREEZE CT

Address

ORLANDO, FL 32829

City/State and Zip Code

FABIANC9888@GMAIL.COM

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

For further information concerning this matter, please call:

## **FABIAN TABORDA**

Name of Person

,407,394-8261

Area Cod

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

#### **BONNET CREEK VACATIONS, LLC**

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

<b>(</b>	, <b></b> ,		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000177822</u> .	were filed on 12-30-14	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the	e abbreviation "l	L.L.C."
Enter new principal offices address, if applicable: 8240 SPRING BREEZE CT			
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32829		
Enter new mailing address, if applicable: PO BOX 721801			
(Mailing address MAY BE A POST OFFICE BOX)	ODLANDO EL COCTO		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name	of the nev
Name of New Registered Agent:			
New Registered Office Address:		2 8	
	Enter Florida street address	2. d.	1 44
	, 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 the second seco			oly with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	provided for in Chapter 605, F.S. O	r, if this docu	ıment is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action 8240 SPRING BREEZE CT **FABIAN TABORDA** MGR ORLANDO, FL 32829 ☐ Remove 37 E. 17TH STREET MGR **AUTUMN I RODRIGUEZ** SAINT CLOUD, FL 34769 □ Add □ Remove □ Add ☐ Remove □ Add ☐ Remove