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## **COVER LETTER**

	Registration Se Division of Con			er ja	. ,
SUBJEC	- The second	HOME TO YOU	VACATION RENTALS LLC		
SUBJEC	- 1 i <u> </u>	Name of Lin	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	tum all correspo	ondence concerning this matter	to the following:		
			ANDREA WOODARD	•	
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
			ABK CORP		
			Firm/Company	The statement to the later of the state of t	
		3300 8	S HIAWASSEE RD STE 106		
			Address		
			ORLANDO, FL 32835		
			City/State and Zip Code	<del>ramaja ana araa araa araa araa araa araa ar</del>	
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For furth	er information c	oncerning this matter, please o	·	nou icanon)	温息
ANDREA WOODARD		407	898-1757	MIN 19 M	
	Name o	f Person	at () Area Code Day	rtime Telephone Number	71.01 9.01 9.01 9.01
Enclosed	is a check for d	he following amount:			15 S
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Registration Section

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOME TO YOU VACATIO			•
(Name of the Limited Liability Comman (A Florida-Limited Li	vineit now appear ability Company)	s on our records.)	and the second s
, (	an ing a angiang /		
The Articles of Organization for this Limited Liability Company v	were filed on	06/09/2014	and assigned
Florida document number 1.14000092560		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	iity company he	ere:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the d	esignation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
:	ىدىنىيىنى بىلىدىن بىلى مەسىمىنىيىن بىلىدىن بى		The state of the s
Enter new mailing address, if applicable:			
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(Malling address MAY BE A POST OFFICE BOX)	<del></del>	* * * * <u>* * * * * * * * * * * * * * * </u>	* *
			THE CONTROL OF STREET,
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	••		
	Enter Flor	ida street address	
į.		·Florida	
	Cite		Zip Code
New Registered Agent's Signature, if changing Registered Agent;			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.  If Chang	performance of rovided for in C address, I hereb	my duties, and I am Chapter 605, F.S. Or ny confirm that the h	familitar with and if it is document is similed Liability.  SEE OF S

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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>	Address	Type of Action
MBR	G2B BUSINESS CORP	7065 WESTPOINTE BLVD	
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		ORLANDO, FL 32835	☐ Change
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