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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

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

Fmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOME TO YOU VACATION RENTALS LLC

Certificate of Status	0
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Help

COVER LETTER

	Division of Cor	porations				
SUBJE	CT:	HOME TO YOU V	ACATION RENTALS LLC			
SUBJE	C1	Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please i	eturn all correspo	ndence concerning this matter	to the following:			
			RAFAELA MARTINS			
			Name of Person	48.1444		
		A	ACCOUNT BOOKKEEPING CORF	•		
			Firm/Company	THE PARTY OF THE P		
	3300 S. HIAWASSEE RD. STE 106					
Address						
	ORLANDO / FL 32835					
City/State and Zip Code						
	INFO@ABKCORP,COM E-mail address: (to be used for future annual report notification)					
			·	cation)		
For furt	her information co	oncerning this matter, please of	all:			
RAFAELA MARTINS			407 898-1757			
Name of Person		Person	at ()	Telephone Number		
Enclose	d is a check for th	e 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)		

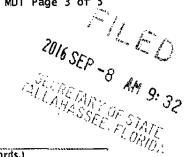
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 From Account Bookkeeping 1.321.888.4914 Thu Sep 8 09:17:38 2016 MDT Page 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HOME	TO YOU VACATION RENTALS LL	C	TORIO:
	ited Liability Company as It now supear (A Florida I imited Liability Company)		***************************************
The Articles of Organization for this Limited I Florida document numberL14000092560	Liability Company were filed on	06/09/2014	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company he	re:	
The new name must be distinguishable and contain the Enter new principal offices address, if appli (Principal office address MUST BE A STRE.	cable:	ssignution "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, ente	r the name of the n
Name of New Registered Agent:	MACHADO, MARCO		
New Registered Office Address:	7065 WESTPOINTE BLVD SUITE 102		
		uda street address	2025
	ORLANDO 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 605, 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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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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
MGR	ATAIDE, DEBORA	7065 Westpointe Blvd Suite 102	Add
		ORLANDO, FL 32835	■ Remove
			□ Change
MBR	G2B BUSINESS CORP	7065 Westpointe Blvd Suite 102	Add
		ORLANDO, FL 32835	■ Remove
			□ Change
MBR	MACHADO, MARCO	7065 Westpointe Blvd Suite 102	■ Add
		ORLANDO, FL 32835	Remove
			☐ Change
			ZOLESE SALLIAN
			ARE PROVE
			Ro Je M
			OR PAR CHANGE
			☐ Change
			□ Add
			☐ Remove
			□ Change

From Account Bookkeeping 1.321.888.4914 Thu Sep 8 09:17:38 2016 MDT Page 5 of 5 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) _ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. September 02 Dated MARCO MACHADO Typed or printed name of signee

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