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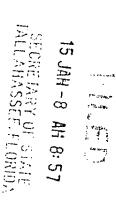
(Requi	estor's Name)	
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J. Shivers JAN 20 7775

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
	Florida Gi	reat Vacation Rentals L	ic .	
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Gordon C Folkes		
			Name of Person	
			Firm/Company	
		1561 Sunnyside Driv	ve	
		A	Address	
		Maitland, FL 32751		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report notific	cation)
For fu	rther information co	ncerning this matter, please co	all:	
Gord	lon C Folkes		407 495-4904	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
<b>■</b> \$2	5.00 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

## TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
he Articles of Organization for this Limited Liability Company were filed on	and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability company here:  Florida Vacay Rentals LLC	
he 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)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	AS 5
Name of New Registered Agent:	
New Registered Office Address:	SSS C
Enter Florida street address	
	ida
CHY	S. L. Contraction

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.

If Changing Registered Agent, Signature of New Registered Agent

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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE