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COVER LETTER

Registration Section

Division of Corporations

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bject: <u>Orlan</u>	DO AREA LUXU Name of Lim	RY ROTREATS, ited Liability Company	LIC_
	nendment and fee(s) are sub	-	
	HND RGW	A. GREENSTEIN Name of Person	
		LIXURY RENTALS	,UL
		Address	
_	_	City/State and Zip Code ANDOAREALUXURYREA to be used for future annual report notif	
r further information conc	E-mail address: (•	lication)
NDREW GREEN Name of Po	ISTEIN erson	at (<u>352</u>) <u>250 -</u> Area Code Daytimo	4220 c Telephone Number
closed is a check for the f			
] \$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 Sec Division of Corp P.O. Box 6327 Tallahassee, FL	oorations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLLANDO AREA LUXURY RETREATS, LLC 2020 JUN -5 PM 6:54
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
Articles of Organization for this Limited Liability Company were filed on 11 14 2014 and assigned ida document number 114 000177289.
amendment is submitted to amend the following:
f amending name, enter the new name of the limited liability company here:
OPLANDO AREA: LUXURY TENTACS, LLC new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
er new principal offices address, if applicable:
ncipal office address MUST BE A STREET ADDRESS)
er new mailing address, if applicable:
iling address MAY BE A POST OFFICE BOX)
f amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> nt and/or the new registered office address here:
Name of New Registered Agent:
Now Booistand Office Address:
New Registered Office Address: Enter Florida street address
Florida
City Zip Code
Registered Agent's Signature, if changing Registered Agent:
reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and expt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is by filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	2020 JUN -5 PH 6: 54	Type of Action
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tive date, if other than the date of filing:	(e) (2020 (optional)
fective date is listed, the date must be specific and ca	innot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
. If the date inserted in this block does not mee nent's effective date on the Department of Stat	et the applicable statutory filing requirements, this date will not be listed to be seconds.
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rd specifies a delayed effective date, but not an iled.	a effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
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Signature of a mar	mber or authorized representative of a member