Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			<u> </u>
	Division of Cor	porations	
		: (850)617-6383	<u></u> شد.
From:			3.
. ,	Account Name	: NAJMY THOMPSON, P.L.	
	Account Number	: 120090000014	
		: (941)907-3999	
	Fax Number	: (941)907-8999	-
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ann	ual report maili	ngs. Enter only one email address plea	se.**
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## LLC AMND/RESTATE/CORRECTIOR M/MG RESIGN -AMI PRIME VACATION RENTAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

From:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMI PRIME VACATION RENTAL			
(Name of the Limite	ed Liability Compan (A Florida Limited Li	v as it now appears on our ability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L14000192678		<u> </u>	
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name of</u>	the limited liabil	ity company here:	
The new name must be distinguishable and contain the we	ords "Limited Linbilit	ty Company," the designation	n "LLC" or the abbreviation "B.L.C."
Enter new principal offices address, if applica	able:		; ;;
Principal office uddress MUST BE A STREE	T ADDRESS)		
			<i>⊼</i> •
Enter new mailing address, if applicable:			œ.
Mailing address MAY BE A POST OFFICE	BOX)		cn co
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered off fice address here	fice address on our re	ecords, <u>enter the name of th</u>
Name of New Registered Agent:	Louis Najmy		
New Registered Office Address:	1401 8th Avenue	West  Enter Florida street	talilross
	Davidonton	Emer Frorau street	
	Bradenton	City	, Florida <sup>34205</sup> Zip Code
New Registered Agent's Signature, if changing F	legistered Apent:		

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

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

Title	<u>Name</u>	Address	Type of Action
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mending any other information	on, enter change(s) here: (Attach additional sheets,	H1700033 if necessary.)
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e: If the date inserted in this bloc ument's effective date on the Dep	be specific and cannot be prior to date of filing or more than 90 days to does not meet the applicable statutory filing requirement partiment of State's records.  effective date, but not an effective time, at 12	nts, this date will not be fished as t
December 20	2017	
ed		: 3 PM: 
2	-	<u> </u>
S	ignature of a member or authorized representative of a member	(T) :
Louis Najmy		0
		<u> </u>
	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·
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