## 115000016202

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## **COVER LETTER**

	Registration Sc Division of Cor			
enn ire		ACATIONS, LLC.		
SUBJEC	l:	Name of Lim	ited Liability Company	·
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	indence concerning this matter	to the following:	
		LEISLY RODRIGUEZ		
			Name of Person	<del></del>
		DESIRE VACATIONS, L	LC.	
			Firm/Company	
		6228 FROST DR		
			Address	
		TAMPA FL 33625		
			City/State and Zip Code	
		desirevacationsls@gmail.co		
		E-mail address: (	to be used for future annual report no	tification)
For furthe	er information c	oncerning this matter, please c	all:	
LEISLY	RODRIGUEZ		786 238-4805	
***	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	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 Addres Registration S		Street Address: Registration S	ection
	Division of C		Division of Co	
	P.O. Box 632		The Centre of	
•	Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

DESIRE VACATIONS, LLC.

(Name of the Limited Liability Company as it now appears on our records

(A Florida Limited Liability	y Company)	-11.12
The Articles of Organization for this Limited Liability Company were Florida document number L15000016202		ALLAN, and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LI	.C" 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)		
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:  Name of New Registered Agent:	ss on our records, <u>ent</u>	
New Registered Office Address:	Enter Florida street addr	
	, <b>l</b>	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		•
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfo		

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

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>	<u>Address</u>		Type of Action
MGR	DUNIESKI BRITO	6228 FROST DR		□ <b>∧d</b> d
		TAMPA FL 336		
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				□ Add
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