

L15000032915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

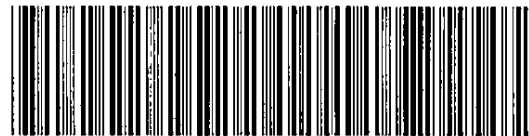
(Business Entity Name)

(Document Number)

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2017 JUN 15 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 15 2017
C. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Executive Vacation Management llc

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chris E. Nzeakor

Name of Person

Executive Vacation Management.

Firm/Company

3022 White Cedar Circle

Address

Kissimmee, FL 34741

City/State and Zip Code

cnzeakor@aol.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris E. Nzeakor

407 908-8383
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

executive vacation management llc

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/23/2015 and assigned Florida document number L15000032915.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4916 Terra vista way

(Principal office address MUST BE A STREET ADDRESS)

orlando, fl 32837

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3022 White Cedar Circle
Kissimmee FL 34741

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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.

If Changing Registered Agent, Signature of New Registered Agent

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2015 JUN 15 PM 5:57
CLERK OF COURT
HILLSBORO COUNTY
FLORIDA

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>	<u>Type of Action</u>
MGR	Migel N Nzeakor	4916 Terra Vista way, orlando fl 32	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2008 JUN 15 PM 1:57
 DEPARTMENT OF STATE
 INTERNATIONAL AFFAIRS
 OFFICE OF THE SECRETARY
 WASHINGTON, DC 20520-1225

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(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)

(b) The 90th day after the record is filed.

Dated

6/13/17

Signature of a member

Signature of a member or authorized representative of a member

CHRIS E. NZEAKOR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FBI - ALBUQUERQUE