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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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S. WARREN **NOV 0 3 2017**

COVER LETTER

Division of Con	rporations		
SUBJECT: AT HOM	E VACATION RENTALS, LLC		
SUBJECT.	Name of Limited	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	ted for filing.	
Please return all correspondent	ondence concerning this matter to t	he following:	
	Jeffrey Chase		
		Name of Person	
	At Home Vacation Rentals		
		Firm/Company	
	215 Celebration Place STE 52	20	
		Address	
	Celebration, FL 34747		
		City/State and Zip Code	
	jeff@athomevr.com E-mail address: (to b	e used for future annual repe	rt notification)
For further information of	concerning this matter, please call:		,
Jeffrey Chase		407 709-6 at ()	
Name c	of Person	Area Code 1	Paytime Telephone Number
Enclosed is a check for the	he 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)

TO:.

Registration Section

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

AT HOME VACATION RENTA		ages on our reports
(<u>254my 01 the 1.1m</u>	ited Liability Company as it now app (A Florida Limited Liability Compan	iy)
The Articles of Organization for this Limited Included In		04/07/15 and assigned
This amendment is submitted to amend the fol		
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," th	ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
Muning address MAT BE A FOST OFFICE	<u></u>	
		
B. If amending the registered agent and	l/or registered office address	on our records, enter the name of the
egistered agent and/or the new registered of	office address here:	
	1 65 - Cl	
Name of New Registered Agent:	Jeffrey Chase	
New Registered Office Address:		
	Enter i	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 A

Page 1 of 3

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>	Address	Type of Action
MGR	Chase, Jeffrey	1401 Celebration Ave Suite 310	
		Celebration, FL 34747	Remoye
			☐ Change
MGR	Chase, Renee	1401 Celebration Ave Suite 310	
		Celebration, FL 34747	Remove
		·	
			Add
			Remove
			Change
			Add
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Filing Fee: \$25.00