L15000095099

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COVER LETTER "

Division of Cor	porations		
VACATIO SUBJECT:	NOWN LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	JOAO MARCELO A GRIS	SOLI	
		Name of Person	
	VACATIONOWN LLC		
		Firm/Company	
	8750 EXCHANGE DR STI	E 03	
		Address	
	ORLANDO, FL 32809		
		City/State and Zip Code	
	E-mail address: (16	o he used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	II:	
JOAO MARCELO A GI	RISOLI	407 758-6538	
Name o	f Person	at () Area Code Daytime	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)

MAILING ADDRESS:

TO:

Registration Section

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

VACATIONOWN LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recordenated Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Cor	npany were filed on 06/01/2015	and assigned
lorida document number L15000095099		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limite	d liability company here:	
ACATIOWN LLC		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(22)	≧ं ज
The par office address MOST BETTSTREET TENTE		= = =
		200 万 日
Takan aran madikar addasa if amakashlar		SEE OF THE
Enter new mailing address, if applicable:	***************************************	
Mailing address MAY BE A POST OFFICE BOX)		
		 6
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	p. pt. II.	
	Enter Florida street addres	N
	<u></u>	orida
	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

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

Tit <u>le</u>	<u>Name</u>	Address	Type of Action
MGR	SANDRA A GONCALVES	13269 OUTLON CIR	
		ORLANDO, FL 32832	■ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
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native date if other than th	05/2	29/2015		(ontional)	
ective date, if other than the effective date is listed, the date in this listed in this list.	ust be specific and cannot block door not most th	t be prior to date of filir	g or more than 90 da	ys after filing.) Purs	suant to 605.02
ument's effective date on the	Department of State's	records.	y ming requiremen	us, uns date with	not be fisted
	ad attactive date	but not an effect	rive time, at 12	::01 a.m. on t	ne earlier
he 90th day after the re					
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record specifies a delaye he 90th day after the re JUNE 10 ed	Signature of a member	5		The state of the s	<u>: </u>

Filing Fee: \$25.00