

2150000139737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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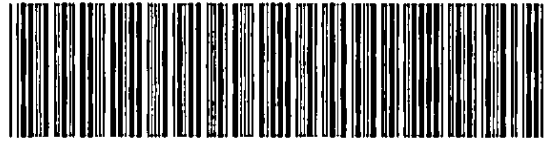
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: *Emerald Coast Vacation Rentals and Sales Services, 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:

Jakob Dwyer

Name of Person

RT Vacation, LLC

Firm/Company

1008 Airport Rd Ste. F

Address

Destin, FL 32541

City/State and Zip Code

Jakob@realjoy.com

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

For further information concerning this matter, please call:

James Thomas

Name of Person

at (*919*)

Area Code

345 3434

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL.

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

(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 8/17/2015 and assigned Florida document number L15000139737.

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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:

RJ Vacations, LLC

New Registered Office Address:

1008 Airport Rd Ste F

Enter Florida street address

Destin

City

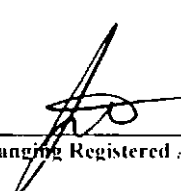
Florida

32541

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Butler, John R	775 Gulf Shore Dr. Unit 1008	<input type="checkbox"/> Add
		Destin, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Billy R Butler + Barbara P Butler Rvac Tr	Po Box 1204	<input type="checkbox"/> Add
		Destin, FL 32541	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RJ Vacations, LLC	1008 Airport Rd Ste F	<input checked="" type="checkbox"/> Add
		Destin FL, 32541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jakob Duyer	1008 Airport Rd Ste F	<input checked="" type="checkbox"/> Add
		Destin, FL 32541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ספר

(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)

Dated 4/1/22 .

Jakob Dwyer

Typed or printed name of signee

Filing Fee: \$25.00