L15 000 / 76008

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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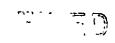
COVER LETTER

	Registration Se Division of Co			
om rez		N-HOMES INVESTILLC	·	
SUBJEC	1;	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	ondence concerning this matter	to the following:	
		Daniel Parker		
			Name of Person	
		VACATION HOMES IN	/EST LLC	
		197 647 647	Firm/Company	
		3951 South Ocean Drive	•	
			Address	
		Hollywood, FL 33019		
			City/State and Zip Code	
		tetkbsh@gmail.com	to be used for future annual report not	(fication)
For furthe	r information c	oncerning this matter, please ca	·	meanon
Daniel Pa		one management	305 998-8999	
		f Person	mt /	ne Telephone Number
C ()				
		ne following amount:		_
□ \$25.0	0 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)
	<u> 1ailing Addres</u>		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	2.O. Box 632	-	The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



VACATION HOMES INVESTILLC

2020 HAY 11 PH 3: 28

(Name of the Lim	(A Florida Limited Lia	bility Company)	· ·
The Articles of Organization for this Limited I Florida document number 115000176008	Liability Company w	vere filed on 10/15/2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liabili	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the 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	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr		ldress on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:	Daniel Parker		
New Registered Office Address:	3951 South Oc		
		Enter Florida street a	
	Hollywood		, Florida 33019
		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

<u>Title</u>	Name	Address	Type of Action
AMBR	SERGII BROVA	17737 Vecino Way	
		Boca Raton. FL 33496	□Remove
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			□Add
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			□Change
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an effective date is l ote: If the date in	other than the date o isted, the date must be spec iscrted in this block doe we date on the Departme	cific and cannot be prior is not meet the applic	to date of filing or mor able statutory filing	(optional) e than 90 days after filing.) P requirements, this date wi	ursuant to 605.0207 II not be listed as
record specifies a is filed.	delayed effective date, l	but not an effective t	ime, at 12:01 a.m. or	the earlier of: (b) The 9	90th day after the
May 7		2030	_ ;		
		/. //	/		
		/////			
	Signatu	ure of a member or auth	orized representative o	f a member	