A INTERIOR AREA AND INTERIOR AND
900278407029
10/28/1501011015 ***25.00
2015 TALLA
<b>FILED</b> 2015 NOV -5 P 3: 59 SECRETARY OF STATE TALLAHASSEE. FLORIDA
ORIDA ORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 29, 2015

SEAN WEDDERBURN 10244 E. COLONIAL DRIVE ORLANDO, FL 32817

SUBJECT: R&W VACATIONS LLC Ref. Number: L15000176420

We have received your document for R&W VACATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A00022906

2015 NON դ m σ  $\Box$ بب വ 0

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

w appears on our records.)

2015

and assigned

The Articles of Organization for this Limited Liability Company were filed on  $\frac{1}{15000176420}$ .

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 doubt of ation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)
Image: Constraint of the street of the stree

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 the general address	
	, Flo	rida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in three mucity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of the 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

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

Type of Action Title Name Address Sean wedderburn 1119 Lypic Det are Id Add Deltona FL 12738\_\_\_\_ D Remove \_ Change ..... Nicholas Riley 1480 North Statione Coult Bradd WCB Olange City 11\_ 32763 \_ Remove \_ Change 🗖 Vqq 🛛 Remove Change 5 ASSE Remove E.FLO τ 0 🗆 eHange 59 DbA 🖸 🗖 Remove D Change 🛛 Add C Remove \_ Change

ç

Page 2 of 3

	·				_
·				·	_
			· · · · · · · · · · · · · · · · · · ·		_
					_
					_
					_
					_
	·				_
				2015 NOV	
					-
					r
					C
		· · · · · · · · · · · · · · · · · · ·		RIDA	_
ective date, if other than		. 1_1		(optional)	

D. If amending any other information, enter change(s) here: (Attach adduces with the states, if necessary.)

If the record specifies a delayed effective date, but not an effective term at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_

¥

Signature of a member or authorized representative of a sember

Sean Wedderburen Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00