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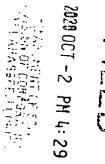
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section

Division of	Corporations			
	ER VACATION HOMES			
SUBJECT:	Name of Li	united Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing		
		-		
r lease return all corr	espondence concerning this matte	r to the following:		
	ISABEL JOSE			
		Name of Person		
	MASTER VACATION F	HOMES		
		Firm Company		
	2954 MALLORY CIR SI	LITE 104		
		Address	-	
	KISSIMMEE FL 34747			
	, , , , , , , , , , , , , , , , , , ,	City/State and Zip Code		
	-	/ACATIONHOMES.COM		
		tto be used for future annual report no	otification)	
For further information	on concerning this matter, please of	call:		
ISABEL JOSE		407 922-7691		
Nar	ne of Person	at () Area Code — Dayti	ime Telephone Number	
Enclosed is a check f	or the following amount:			
■ \$25.00 Filing Fee	e □ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Ade</u> Registratio		Street Address: Registration S	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box (The Centre of	Tallahassee	
rananasse	e. FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASTER VACATION HOMES			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	100 N
The Articles of Organization for this Limited L. Horida document numberL15000207290	iability Company	were filed on 12/14/2015	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.J.,C."
Enter new principal offices address, if applic	cable:	2954 MALLORY CIRCLE	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 104	
		KISSIMMEE FL 34747	
Enter new mailing address, if applicable:		2954 MALLORY CIRCLE	
Mailing address MAY BE A POST OFFICE	BOX)	SUITE 104	
Maning dadress MAT BE STOST OFFICE BOAT		KISSIMMEE FL 34747	
B. If amending the registered agent and/or agent and/or the new registered office addro	N/A	address on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:	N/A	Enter Florida street address	
		, Flori	daZin 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 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>	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ite: If the date i	other than the date listed, the date must be s nserted in this block of we date on the Depart	does not meet the ap	plicable statutory ((op or more than 90 days a Tling requirements,	otional) iter filing.) Pursuant to 605. this date will not be liste	.020° ed as
ecord specifies a is filed.	a delayed effective dat	e, but not an effectiv	ve time, at 12:01 a.	m. on the earlier of:	(b) The 90th day after	the
SEPTEMB	ER 28TH	2020				
	- <u> </u>	VC				
	- L. Sion	ature of a member or a	authorized represents	tive of a member		