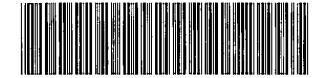
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COVER LETTER

TO:	Registration Sec Division of Corp		·	•
CHOIC		ATIONS LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		JHONELL SANTOS MAR	RTINEZ	
		DALE VACATIONS LLC	Name of Person	
		5727 NW 7TH ST. SUITE	Firm/Company 266	
		MIAMI, FL 33126	Address	
		City/State and Zip Code JhonellSantos@hotmail.com		
For furt	her information co	e:-mail address: (to be used for future annual report all:	notification)
Jhonell	Santos Martinez		305 316-381	6
	Name of	Person		sytime Telephone Number
Enclose	d 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)
		NG ADDRESS:	STREET/CO	URIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGANIZATION

File:

DALE VACATIONS LLC

(Name of the Limited Liability Com (A Florida Limite	d Liability Company) 1: 10
The Articles of Organization for this Limited Liability Compar Florida document number $\frac{L15000211134}{L15000211134}$.	ny were filed on 02/14/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liz	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	5727 N.W. 7TH ST. SUITE 266 MIAMI, FL 33126
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the ere:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 I 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
		.	☐ Remove
			□ Change
			Add
			□ Remove
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			Change
			Remove
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(If an effe <u>Note:</u> I	ve date, if other than the date of filing: _ ective date is listed, the date must be specific and can	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(t the applicable statutory filing requirements, this date will not be listed as the e's records.
(b) The	90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	JUNE 17 2	2019
	JUNE 17 2 Lonell Scurtor Signature of a mem	>
	Signature of a mem	nber or authorized representative of a member
	JHONELL SANTOS MARTINEZ	
	Тут	ped or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00