. . ion of Corporations tate nei Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000083521 3))) H160000835213ABC-Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name ; CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:



	TICLES OF AMENDMENT
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	OF CUIS APR
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ATLANTIC GOLD VACATION H	IOMES LLC
(Name of the Limit	TICLES OF AMENDMENT TO TO ICLES OF ORGANIZATION OF IOMES LLC Col Liability Company as if how appears on our records. (A Florida Limited Liability Company) TO TO TO TO TO TO TO TO TO TO
The Articles of Organization for this Limited Li Florida document number L16000062947	ability Company were filed on MARCH 29TH 2016 and assigned
This amendment is submitted to amend the follo	owing:
A. If amending name, <u>enter the new name of</u>	the limited liability company here:
he new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
uter new principal offices address, if applica	ible:
Principul office address MUST BE A STREET	TADDRESS)
inter new mailing address, if applicable:	
inter new mailing address, if applicable: Mailing address MAY BE A FOST OFFICE B	<u></u>
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<u>Mailing address MAY BE A POST OFFICE B</u>	r registered office address on our records, enter the name of the new
Adding address MAY BE A POST OFFICE B	r registered office address on our records, enter the name of the new
Mailing address MAY BE A POST OFFICE B If amending the registered agent and/or gistered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records, enter the name of the new
Mailing address MAY BE A POST OFFICE B . If amending the registered agent and/or egistered agent and/or the new registered offi	r registered office address on our records, enter the name of the new
Mailing address MAY BE A POST OFFICE B If amending the registered agent and/or gistered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records, enter the name of the new

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

Page 1 of 3

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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

Title	<u>Name</u>	Address	Type of Action
MGR	ANTONIO JAIME	3020 BLUE HERON DR	Add
		KISSIMMEE, FL 34741	Premove
			Change
			D Add
			C Remove
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	Page	2 of 3	

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

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