L16000091434

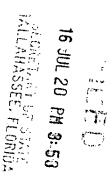
(Re	questor's Name)	
. (Ad	dress)	
. (Ad	dress)	
(Cit	ry/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:		istration Se sion of Cor			
cup TP	CT.	AMI PRIM	E VACATION HOMES LLC		
SUBJE	CI;		Name of Lim	ited Lisbility Company	
			Amendment and fee(s) are sub		
			KIMBERLY ROEHL		
				Name of Person	
			ISLAND DESTINATION	S	
				Firm/Company	
			536 68TH ST.		
				Addross	9350 731-11-2-1-2-11-3-1-1-1-11-1
			HOLMES BEACH, FL 34	217	
				City/State and Zip Code	
			SMILLER@NAJMYTHO		
For furt	her in	formation c	n-mail address: (oncerning this matter, please c	to be used for future annual report not all:	incation)
SUSAN	J MIL	LER		941 7482216	
		Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a	check for th	e following amount:		
■ \$2 5.	.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		MAIL	ING ADDRESS;	STREET/COUR	IER ADDRESS:

MAILING 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

AMI PRIME VACATION HOMES LLC

(Name of the Limite	d Liability Compan A Florida Limited Li	y as It now appears on our sability Company)	ecords,)		
The Articles of Organization for this Limited Liz Florida document number L16000091434	ability Company w	vere filed on 5/10/16		and assigned	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabilit	y Company," the designation	"LLC" or the abbrev		
Enter new principal offices address, if applica	ble:		<u> </u>	<u> </u>	.
(Principal office address MUST BE A STREET	ADDRESS)			55.	
				SE O	
Enter new mailing address, if applicable:		536 68TH STREET		H.	;
(Mailing address MAY BE A POST OFFICE BOX)		HOLMES BEACH, FL 3	4217	27 En	•
				<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:			cords, <u>enter the</u>	name of the r	ew
New Registered Office Address: 536 68TH STR		ЕТ			
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street d			
	HOMES BEACH		_, Florida 34217		
New Registered Agent's Signature, if changing Re	ezistered Agent:	City	2	tip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this c	r and complete p tered agent as pr egistered office a	erformance of my dutie ovided for in Chapter (es, and I am fami 505, F.S. Or, if th	liar with and his document is	he

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
MGR	ANJA Denemann		🖸 Add
		HUGSAM4B, 8833 SAMSTAGERN	■ Remove
			□ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			16 JUL 20 PM 3:
N	EM 1761 LEROMENTON TRANSPORTER TO THE CONTRACT OF THE SECRETARY AND SECR		Add O
			Remove es F
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Name 1	

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Filing Fee: \$25.00