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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sect Division of Corpo	tion orations	
SUBJECT: Vac	Name of Limited Liability Company	
The enclosed Articles of A	amendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Alexander V Plumb	
	Vacataday LLC Firm/Company	
	5036 Dr. Phillips Blud #192	
	Orland FL 32819 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information cor	neerning this matter, please calt:	
Allxander	Plumb at 407 803 3117 FF Area Code Daytime Telephone Number	
	ASSET I	<u> </u>
Enclosed is a check for the		7
\$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	j

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears o ed Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Comparison document number \(\bigcup \bigcup \left(\frac{1000}{000} \left(\frac{000}{000} \left(\frac{000}{000} \left(\frac{000}{000} \right) \)	ny were filed on()	$\frac{1}{20}$ and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited lis	ability company here	;
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>ES</u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:		our records, <u>enter the name of the nev</u>
New Registered Office Address:	Enter Florida	i street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of m s provided for in Che	y duties, and I am familiar with and apper 605, F.S. Or, if this document is

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 Title **Address Type of Action Name** Lestie Valentin 5036 Dr Phellips Blud ☐ Change MGR LoriAnn Voss Orlando Fl ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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an effective date	is listed, the date must be inserted in this block	e specific and ca	annot be prior t	o date of filing or	more than 90 days a	fter filing.) Pursuant to	o 605.0207
	ctive date on the Depa			ore statutory in	ing requirements,	tills date will not be	. HSICG as
		<i>ee</i>					1: 6
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ated	une 14		2018	 '			
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Typed or printed name of signee

Filing Fee: \$25.00