L16000112615

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	<u></u>
(Cit	ty/State/Zip/Phon	e #)
_	☐ WAIT	
(Bu	ısiness Entity Naı	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

١,





100287514011

07/06/16--01005--009 **25.00

2016 JUL -5 AM 7: 59

SECRETARY OF STATE OF SERVICE

COVER LETTER

Division of Corp	orations			
SUBJECT:	V	acaon LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		Andrew Powell		
		Name of Person		-
		Firm/Company		
		Address		_
		Miramar, Florida 33025 City/State and Zip Code		
		jam4over@live.com		
	E-mail address: (to be used for future annual re	port notification)	
For further information co	ncerning this matter, please c	all:		
Andrew Powell		954 at ()	790-8596	non-f
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	e following amount:) ((illing Fee,
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	nte of Status & Copy (I) Copy (I)

MAILING ADDRESS:

TO:

Registration Section

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

Vacaon LI	.C				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on ou liability Company)	r records.)			
he Articles of Organization for this Limited Liability Company lorida document number	were filed onJ	une 10th 2016	and assigned		
nis amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	lity company here:				
N/A					
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the ab	breviation "L.L.C."		
nter new principal offices address, if applicable:	25	89 SW 117th Land	e		
Principal office address MUST BE A STREET ADDRESS)	M	Miramar, Florida 33025			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		N/A N/A			
	N/A				
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	fice address on our g: Andrew Po	TALLA	the name of th		
· · · · · · · · · · · · · · · · · · ·	2589 SW 117	th Lane	2 J. 1.		
New Registered Office Address:	Enter Florida stre		U		
	Miramar	, Florida 💆	2 33 62 5		
	City	, Florida <u>~</u>	Tip 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 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>	<u>Name</u>	Address	Type of Action
SEC	Shona Henriques	14900 SW 30th Street #7984	
		Miramar, Florida 33027	Remove
			Change
VP	Georgia Wint	17 Paris Ave	
		Passagefort, St Catherine Jamaica V	□ Remove
			☐ Change
RA	Shona Henriques	14900 SW 30th Street	
		Miramar, Florida 33027	■ Remove
			Change
			Add
			Remove ARChange AAA GAdd
			Add M
			Change
			D Add
			Remove
			☐ Change

•								
,	1							
	-							
- · · · ·								
		11 - 11						
					.			
	· ··							
							·····	
						·		
		 	·					
	•	· ·						
			,					
-								
ective dat	e, if other than	the date of filing	g:			(option		
n effective da te: If the d	ite is listed, the date ate inserted in thi	must be specific and s block does not r	d cannot be price	or to date of filing cable statutory	g or more than 9 filing require	0 days after fil ments, this d	ing.) Pursu atë will na	ant to 605.0207 (3 Libe listed as th
cument's ef	fective date on th	e Department of S	State's record	5.	B .odano	, 11110 U		
record sp	oecifies a dela	yed effective o	date, but n	ot an effect	ive time, at	12:01 a.r	ກຸລຸດກ th	e earlier of:
he 90th	day after the	record is filed.			·			_ [1]
							- m	T
ted	June 10th 20)16	,	<u></u> .			102 102 103 103 103 103 103 103 103 103 103 103	വ 🔎
		<u> </u>		\bigcirc	1/		5777	05
		[lock	زرو	Look	U	,	-بر 	· · ·
		1-711			tative of a mem			

Page 3 of 3

Filing Fee: \$25.00