

L16 000-112619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

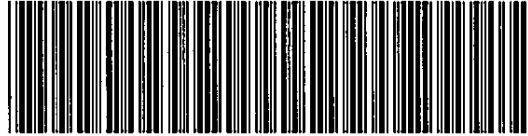
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL -5 AM 7:59
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2016 JUL -5 P 5:00
TALLAHASSEE, FLORIDA

2016 JUL -5 P 5:00

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JUN 08 2016

D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vacaon LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Powell
Name of Person

Firm/Company

2589 SW 117th Lane
Address

Miramar, Florida 33025
City/State and Zip Code

jam4over@live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Powell 954 790-8596
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee &
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

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

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2016 JUL -5
TALLAHASSEE, FL
SECRETARY OF STATE

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>	<u>Address</u>	<u>Type of Action</u>
SEC	Shona Henriques	14900 SW 30th Street #7984	<input type="checkbox"/> Add
		Miramar, Florida 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Georgia Wint	17 Paris Ave	<input type="checkbox"/> Add
		Passagefort, St Catherine Jamaica V	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
RA	Shona Henriques	14900 SW 30th Street	<input type="checkbox"/> Add
		Miramar, Florida 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 10th 2016

Andrew Powell
Signature of a member or authorized representative of a member

Andrew Powell

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA