

L16000132435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

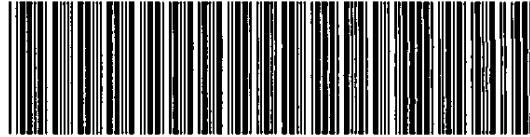
(Business Entity Name)

(Document Number)

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2016 AUG 18 A 11:51

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Viva Orlando Rentals 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:

Susan Harding

Name of Person

Harding Bell International, Inc.

Firm/Company

113 Pontotoc Plaza

Address

Auburndale, FL 33823

City/State and Zip Code

susan.harding@hbitax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Harding

863 9681010
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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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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>
MGR	MELISA SABBADINI	610 SYCAMORE ST, SUITE 140	<input type="checkbox"/> Add
		CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FERNANDO BAUZA	610 SYCAMORE ST, SUITE 140	<input type="checkbox"/> Add
		CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JERRY VALLE	610 SYCAMORE ST, SUITE 140	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SHELBY COUNTY

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

2018 AUG 18 AM 11:57
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E. Effective date, if other than the date of filing: _____ (optional)

(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 08/10/16, _____

Signature of a member or authorized representative of a member

Milena Valle

Typed or printed name of signee