

L16000155901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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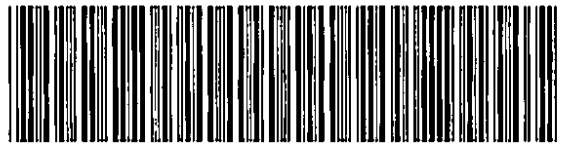
(Business Entity Name)

(Document Number)

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18 AUG 15 PM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

AUG 22 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vacation VIP, 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:

Dietmar Hanke

\_\_\_\_\_  
Name of Person

Raven, LLC

\_\_\_\_\_  
Firm/Company

2729 West Redwood Lane

\_\_\_\_\_  
Address

Phoenix, AZ 85045

\_\_\_\_\_  
City/State and Zip Code

dietmarhhanke@gmail.com

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

For further information concerning this matter, please call:

Dietmar Hanke

602 300-8622  
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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**  
**18 AUG 15 PM 8:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Vacation VIP, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/22/2016 and assigned  
Florida document number L16000155901.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

6675 Westwood Blvd., Suite 200

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32821

**Enter new mailing address, if applicable:**

Raven, LLC c/o Dietmar Hanke

**(Mailing address MAY BE A POST OFFICE BOX)**

2729 West Redwood Lane

Phoenix, AZ 85045

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: C T Corporation System

New Registered Office Address: 1200 South Pine Island Road

*Enter Florida street address*

Plantation, Florida 33324

*City*

*Zip 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>                    | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|--------------------------------|---------------------------|--|
| AMBR         | VacationCLIX, LLC              | 1900 North Loop Road      | <input type="checkbox"/> Add               |
|              |                                | Alameda, CA 94502         | <input type="checkbox"/> Remove            |
|              |                                | 50% Ownership             | <input checked="" type="checkbox"/> Change |
| AMBR         | Vacation Resort Marketing, LLC | 2277 Lee Road, Suite B    | <input type="checkbox"/> Add               |
|              |                                | Winter Park, FL 32789     | <input type="checkbox"/> Remove            |
|              |                                | 50% Ownership             | <input checked="" type="checkbox"/> Change |
| MGR          | Brad McDonald                  | 1900 North Loop Road      | <input type="checkbox"/> Add               |
|              |                                | Alameda, CA 94502         | <input type="checkbox"/> Remove            |
|              |                                | 0% Ownership              | <input checked="" type="checkbox"/> Change |
| MGR          | Jason Tremblay                 | 9132 Barber Place         | <input type="checkbox"/> Add               |
|              |                                | Melbourne Beach, FL 32951 | <input checked="" 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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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA

**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 August 6 2018

Signature of a member or authorized representative of a member

Dietmar Flanke, Authorized Representative

Typed or printed name of signee