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SECRETARY OF STATE
TALL AHASSEF, FI

COVER LETTER

SUBJECT:	Vacation V	IP, LLC		
SOBJECT.		Name of Lim	ited Liability Company	<u> </u>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence 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 notif	lication)
For further in	nformation co	oncerning this matter, please ca	all:	
Dietmar Har	nke		at () 300-8622 Area Code Daytime	
	Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	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

Registration Section Division of Corporations

TO:

Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Vacation VIP, LLC

The Articles of Organization for this Limited Liability Company were filed on $\frac{08/22/2016}{1}$

2018 AUG 17 PM 1:15

_ and assigned

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

TALLAHASSEE, FL

Florida document number L16000155901	<u> </u>		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here	:
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	6675 Westwood B	lvd., Suite 200
(Principal office address MUST BE A STREE	T 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/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	ur records, <u>enter the name of</u> the <u>new</u>
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 I	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as p registered office	performance of my provided for in Cha	y duties, and I am familiar with and upter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Pérson(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
AMBR	VacationCLIX, LLC	1900 North Loop Road	
		Alameda, CA 94502	□ Remove
		50% Ownership	☐ Change
AMBR	Vacation Resort Marketing, LLC	6675 Westwood Blvd., Suite 200	
		Orlando, FL 32821	☐ Remove
			⊟ Change
MGR	GR Jason Tremblay	9132 Barber Place	□ Add
		Melbourne Beach, FL 32951	= Remove
			☐ Change
MGR	Brad McDonald	1900 North Loop Road	
		Alameda, CA 94502	Remove
			□ Remove
			Change
			Add
			Remove
			Change

, *****	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
•	
lf an ef <u>Note:</u>	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	09 August 2018
	Signature of a member or authorized representative of a member
	Dietmar Hanke

Page 3 of 3

Filing Fee: \$25.00