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Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Divisio	n of Corp	orations					
CALINATIANT	-	nily Vacation Services.LLC	•				
SOBJECT:		Name of Limi	ted Liability Company				
The enclosed Ar	rticles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return all	correspor	ndence concerning this matter	to the following:				
		Tara Davis					
		Name of Person					
		Prestige Family Vacation S	Services				
			Firm/Company				
		2293 Yorville Ct					
			Address	<del> </del>			
		Ocoee, FL 34761					
		<del></del>	City/State and Zip Code	<del></del>			
		taraprestige@outlook.com					
		E-mail address: (	to be used for future annual report not	ification)			
For further info	rmation co	oncerning this matter, please ca	ıll:				
Tara Davis			407 4937449				
Name of Person			e Telephone Number				
Enclosed is a ch	neck for th	e following amount:					
■ \$25.00 Fili		☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis P.O. 1	Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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d Liability Company as it now appears on our recor A Florida Limited Liability Company)	<u>ds.</u> )
ability Company were filed on September 14,20	and assigned
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the limited liability company here:	
ords "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
able:	
T ADDRESS)	
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	the name of the new regist
	er the name of the new regist
Katar Florida strout addr	- DVX
	Florida Zin Code
	ability Company as it now appears on our record (A Florida Limited Liability Company)  ability Company were filed on September 14,20 owing:  The limited liability company here:  ords "Limited Liability Company," the designation "LL able:  TADDRESS)  BOX)  egistered office address on our records, enters here:  Enter Florida street address.

## 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 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>	Type of Action
MGR	Tara Davis	2293 Yorville Ct	<b>∃</b> Add
		Ocoee, FL 34761	□Remove
			□Change
			□Add
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			□Change
			□ Remove
			☐ Change
			ClAdd
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			Change

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an effective date lote: If the dat	if other than the is listed, the date must inserted in this blocative date on the De	be specific an ock does not	id cannot be pi meet the app	plicable stat	f filing or mor utory filing	re than 90 da requireme	<b>(options</b> ays after fili nts. this da	ng.) Pursuar	nt to 605.0207 t be listed as
record specifie Lis filed.	s a delayed effective	e date, but no	et an effectiv	ve time, at 1	2:01 a.m. or	the earlic	er of: (b)	The 90th c	lay after the
July 31			2020						
Dated				· ·					
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	47 W	Signature of a	سب nember or a	uthorized re	presentative o	f a member	<u> </u>		
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Filing Fee: \$25.00