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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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COVER LETTER

TO:		istration Se ision of Cor			
CHD	IFCT.		Y VACATION HOMES AND	RENTALS, LLC	
Name of Limited Liability Company					
The e	enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return	all correspo	ndence concerning this matter	to the following:	
			Kenneth Williams		
				Name of Person	
				Firm/Company	
			6103 Lewis and Clark Ave	•	
				Address	
			Winter Garden, FL 34787		
				City/State and Zip Code	
			Ken@yololig.com		
				to be used for future annual report notif	ication)
For fi	urther ir	Iformation c	oncerning this matter, please co	all:	
Kenr	neth Wil			630 985-6832 at ()	
		Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a	check for th	e following amount:		
■ \$	25.00 F	iling Fee	□ \$30.00 Filing Fcc & 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

ZOIGNOV-7 MIR: HA

SECRETARY OF STATE

ALLAHASSEE. FLORIDA

TURN KEY VACATION HOMES AND RENTALS, LLC

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

any were filed on Oct 3 2016	and assigned
liability company here:	
iability Company," the designation "LLC	or the abbreviation "L.L.C."
<u> </u>	
d office address on our records here:	s, enter the name of the new

Enter Florida street address	s
El	
. гк	orida
	d office address on our records here:

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 amendin or removed	g Authorized Person(s) authorized to r l from our records:	nanage, enter the title, name, and addre	ss of each person being add
MGR = Manager AMBR = Authorized Member		Address SECRETARY OF STATE	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF	Type of Action
		- CAHASSEE FLOR	TE □ Add
			☐ Remove
			☐ Change
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		····	☐ Remove
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			Change

None. Just taking out the space in the name	from: Turn Key to: TurnKey
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	28/6 NOV
	en 7 PM m
	FALLAHASSEE. FLORIDA
	- LAHASSFE OF STATE
	-c. Floring
ctive date, if other than the date of filing	g:(optional)
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 605.02
e: If the date inserted in this block does not numerical time. iment's effective date on the Department of S	neet the applicable statutory filing requirements, this date will not be listed a
and began the date of the Department of B	iate 3 records.
ecord specifies a delayed effective d	late, but not an effective time, at 12:01 a.m. on the earlier
ne 90th day after the record is filed.	
11	
d November 2, 2016.	. <u>2016 </u>
Al SOW	the same of the sa
Kenness, bu Signature of a r	member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00