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| (Requestor's Name) | | | |
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| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VACATION WORLD USA, LLC | | | |
|---|--|---|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited I | ny as it now appe Liability Company) | ars on our records.) |
| The Articles of Organization for this Limited I | Liability Company | were filed on $\frac{C}{C}$ | OCTOBER 31, 2016 and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liab | ility company l | <u>here</u> : |
| The new name must be distinguishable and contain the | and the stand of t | Here Commence Walker | The state of the s |
| ne new name must be distinguishable and contain the | words Limited Liabii | • • • | ٠ ٠, |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | SAINT CLOU | JD, FLORIDA 34772 |
| | | | <u> </u> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 3863 CEDAR | HAMMOCK TRAIL |
| | | SAINT CLOU | JD, FLORIDA 34772 |
| 3. If amending the registered agent and registered agent and/or the new registered of | | | on our records, enter the name of the |
| Name of New Registered Agent: | DENISE ANN GORDON | | |
| New Registered Office Address: | 3863 CEDAR HAMMOCK TRAIL | | |
| | | Enter Flo | orida street address |
| | SAINT CLOUI | · · | , Florida ³⁴⁷⁷² |
| | | 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> | Type of Action |
|--------------|-------------------------------|---|----------------|
| AMBR | LUIZ HAROLDO PIRES VALLADARES | 8865 COMMODITY CIRCLE, SUITE 13-108, ORLANDO, FL | □ Add |
| | | | ■ Remove |
| | | | Change |
| AMBR | DENISE ANN GORDON | 3863 CEDAR HAMMOCK TRAIL, SAINT CLOUD, | Add |
| | | | ☐ Remove |
| | | | ■ Change |
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| Tective date, if other than the date of filing: | (optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.020 |
| ote: If the date inserted in this block does not meet the appl | licable statutory filing requirements, this date will not be listed as |
| ocument's effective date on the Department of State's record | ds. |
| | |
| e record specifies a delayed effective date, but r The 90th day after the record is filed. | not an effective time, at 12:01 a.m. on the earlier o |
| OCTOBER 26 2018 | |
| ated | · |
| 1 Vine A. M. An | , |
| Lymn of M | uthorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00 *