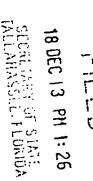
2110000204565

(Requestor's Name)
(Address)
(Address)
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BL VORISEK DEC 1 8 2018

COVER LETTER

SUBJECT:	Tryesty Name of Limit	2014 Holdings ed Liability Company	,4C
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Carlos	Hernandez Name of Person	
	Sunkissed	d Vocation Rep	Hal, LLC
	19 AI	Canta Lane	
		argo, F/ 33037,	
-	Sandras E-mail address (to	hernandez One be used for future annual report notification	cem
For further information conc	erning this matter, please cal	ł:	
Carlos or Sano Name of Pe	la Hernande-	Z at (<u>786) 290 -2</u> Area Code Daytime Telep	306 hone Number
Enclosed is a check for the for	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & I Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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



November 14, 2018

CARLOS HERNANDEZ SUNKISSED VACATION RENTAL, LLC 19 AL CANTA LANE KEY LARGO, FL 33037

SUBJECT: C&S INVESTMENT HOLDINGS, LLC

Ref. Number: L16000204565

We have received your document for C&S INVESTMENT HOLDINGS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Letter Number: 418A00023460

Brenda L Vorisek Director

ARTICLES OF AMENDMENT ,TO, ARTICLES OF ORGANIZATION OF

C&S Inves	itment)	toldings,	11C		
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on liability Company)	our records.)		
The Articles of Organization for this Limited L. Florida document number		were filed on/ /	1/07/20	ACLUANT ASSESSED TO THE PROPERTY OF THE PROPER	<u> </u>
This amendment is submitted to amend the following	lowing:			7 2	T C
A. If amending name, <u>enter the new name o</u>	of the limited liabi	lity company here:		1: 21 STATE LUXE	
Sunkissed Vac	ation R	ental. LL	.C		
The new name must be distinguishable and contain the	words "Limited Liabili	ty Company. The design	ation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applic	cable:				_
(Principal office address MUST BE A STREE	ET ADDRESS)	19 A1	Canta L	ane	
		Key Lo	argo, FI	33037	_
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	BOX)	19 A)	<u>Canta</u> .	Lane	
		Key La	rgo, Fl	33037	
B. If amending the registered agent and registered agent and/or the new registered o			r records, <u>enter</u>	the name of the	e new
Name of New Registered Agent:	_ Carlo	os Hernan	dez		
New Registered Office Address:		Al Canta Enter Florida si	Lang treet address		_ -
	Key Larg	0, F1	Ftorida	33837 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:

$MGR = M_2$ $AMBR = A_1$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<u> </u>	Sandra Hernandez		
		115 NW 128 Ave Mianu, F1 3	Remove
			Change
			🗆 Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
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	Change
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	Remove
	 Change
 	□ Add
	 □ Remove
	 Change

	n/p
	-
	· · · · · · · · · · · · · · · · · · ·
(If an e Note:	tive date, if other than the date of filing:
the re	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	10/25/18
	Signature of a member or authorized representative of a member
	Carlos Hernandez Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00