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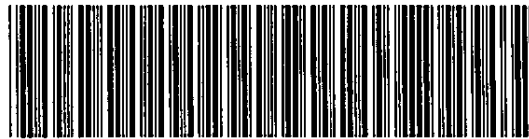
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VACATION HEROES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA SHAW

Name of Person

VACATION HEROES LLC

Firm/Company

2000 EAST OAKLAND PARK BLVD SUITE 108

Address

OAKLAND PARK, FLORIDA 33306

City/State and Zip Code

PAUSHA305@NETZERO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA SHAW

561 386-0081
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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
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**

VACATION HEROES LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/10/2016 and assigned
Florida document number 500292819255.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PAULA SHAW

New Registered Office Address:

2000 EAST OAKLAND PARK BLVD SUITE 108

Enter Florida street address

OAKLAND PARK

City

Florida 33306

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>	<u>Type of Action</u>
MGR	PAULA SHAW	2420 SW 81ST AVE	<input type="checkbox"/> Add
		APT 201	<input type="checkbox"/> Remove
		DAVIE, FLORIDA 33324	<input type="checkbox"/> Change
MGR	ADRIAN HARRY	8387 NW 37TH STREET	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33351	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STECY BLOT	11925 ROYAL PALM BLVD	<input type="checkbox"/> Add
		APT 407	<input type="checkbox"/> Remove
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change
AMBR	BENJAMIN WHEELER	1711 NE 56TH STREET	<input type="checkbox"/> Add
		APT 4	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Change
AMBR	CHRISTOPHER JANKUS	1711 NE 56TH STREET	<input type="checkbox"/> Add
		APT 4	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

* Only Changing titles of lost three members
Stepy Blot, Christopher Jonkun and Benjamin Wheeler

16 DEC 13 AM 11 32
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WASHINGTON, D.C.
FBI
FLORIDA


E. Effective date, if other than the date of filing: 12/12/2016 (optional)

(If an 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 12/12/2016


Signature of a member or authorized representative of a member

PAULA SHAW

Typed or printed name of signee