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(Ře	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	:

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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	Emy's Vaca	ations LLC				
		Name of Lim	ited Liability Company			
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırıı all correspo	ondence concerning this matter	to the following:			
		Eman Halim Nossir				
			Name of Person			
		Emy's Vacations LLC				
			Firm/Company			
		3829 Alafaya Heights Rd				
			Address		2011 3E-3E-3E-3E-3E-3E-3E-3E-3E-3E-3E-3E-3E-3	
		Orlando FL., 32828		() A 1 1 1 1 1 1 1 1 1	2017 JUL TU	T =
		ahmed.saleh@emysvacation	City/State and Zip Code			
		E-mail address: (to be used for future annual report no	tification)		C
For further	information c	oncerning this matter, please co	all:		温台 🖛	
Ahmed Sa			321 9480594 at ()		<u></u>	
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is	s a check for th	he following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Emy's Vacations LLC		
(<u>Name of the Limited Liability</u> (A Florida I.	Company as it now appears on our recor imited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Co.	mpany were filed on 03/15/2017	and assigned
Florida document number L17000059890	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		CRETA!
Enter new mailing address, if applicable:		(A) (1)
Mailing address MAY BE A POST OFFICE BOX)		
		
		3: 1 081
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		ds, enter the name of the ne
egistered agent and/of the new registered office addre	ess here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess
	, F	lorida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Maher Ahmed Sayyed	2348 Stone Cross Circle Orlando, F	Add
			Remove
			☐ Change
	-		Add
			□ Remove
			Change
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			NECESTALIAN TO ALLEANY
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an effective date ote: If the dat	if other than t is listed, the date r e inserted in this active date on the	nust be specific at block does not	nd cannot be prion meet the appl	or to date of filing icable statutory	or more than 90 filing requirem	(optional days after filin lents, this dat) g.) Pursuant to 605	5.0207 ed as
	ecifies a delay ay after the r			ot an effecti	ve time, at	12:01 a.m	. on the earli	er of:
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ated		Eman Signature of a	1-lalin					

Page 3 of 3

Filing Fee: \$25.00