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SECRETARY OF STATE FALL AHASSEE, FLORIDA

COVER LETTER

Divi	sion of Corpo	orations	•	
SUBJECT:	Flamingo Vac	eation Rentals LLC. L17000	123912	
Sommer.		Name of Lim	ited Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Ruth Kane		
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Ruth Kane Name of Person Firm/Company 2305 SW 16 Terrace Address Miami. FL City/State and Zip Code 33145 E-mail address: (to be used for future annual report notification) information concerning this matter, please call: Name of Person Daytime Telephone Number a check for the following amount:			
			Finn/Company	
		2305 SW 16 Terrace		
		-	Address	
		Miami, FL		
		*	City/State and Zip Code	<u></u>
			to be used for future annual report notif	fication)
For further in	formation con		·	•
Ruth Kane				
	Name of P	erson		: Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section

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

Flamingo Vacation Rentals LLC.		
(<u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L17000123912	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	SE 18
		FEE
		TAR ASS
Enter new mailing address, if applicable:		₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
(Mailing address MAY BE A POST OFFICE BOX)		- SI FLO - 5:
	<u> </u>	FLORIDA FLORIDA
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our records, iddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	complete performance of my duties, and agent as provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Manager	Ruth D. Kane	2305 SW 16 Terrace Miami, FL 33	Add
			Remove
			Change
			
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Effecti	e date, if other than the date of filing:(optional)	
(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing f the date inserted in this block does not meet the applicable statutory filing requirements, this date	g.) Pursuant to 605.0 will not be listed)207 (3) I as the
	nt's effective date on the Department of State's records.		
.			
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlier	of:
Dated	1/24/18		
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member		
	Ruth D. Kane Ruth D. Kane		

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Filing Fee: \$25.00