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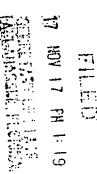
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COVER LETTER

TO: Registration Section Division of Corporations				; ;			
eun ir	cur.		acation Rentals LLC	1			
SUBJE	CI:		Na	me of Lim	ited Liability Company		
The enc	losed	Articles of z	Amendment and fee(s) are sub	mitted for filing.		
Please n	etum	all correspon	ndence concerning th	is majter	to the following:		
			Adrian P Johnson	1 ,	Name of Person		
			<u> </u>	1	Name of Person		
			Flip Flop Vacation	m Rentals			
					Firm/Company		
			5945 Lexington I	Or			
					Address		
			Parrish / Florida/	34219			
			adrian@johnsonf1	orida.com	City/State and Zip Code		
					to be used for future annual	report notifies	ation)
For furt	her in	nformation co	oncerning this matter	, please ca	all:		
Adrian Johnson				39319			
Name of Person					at () Area Code	Daytime T	elephone Number
Enclose	ed is a	check for th	e following amount:	i.			
		iling Fee	☐ \$30.00 Filing F		☐ \$55.00 Filing Fee &	&	☐ \$60.00 Filing Fee.
			Certificate of		Certified Copy tadditional copy is ene		Certificate of Status & Certified Copy (additional copy is enclosed)
			NG ADDRESS:	: 1			R ADDRESS:
		Division P.O. Bo	ntion Section of Corporations ox 6327 ssee FL 32314		Division Clifton B	ion Section of Corporati Building centive Cente	

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Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) e Articles of Organization for this Limited Liability Company were filed on 08/16/2017 and assi orida document number L17000174870 is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: aBreeze Vacation LLC e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL atter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) atter new mailing address, if applicable: Idiling address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of gistered agent and/or the new registered office address here:	
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Name of New Registered Agent:	of the_
New Registered Office Address: Enter Florida street address	
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Florida Florida	[1]
City - Zip Code 2	اسا.
w Registered Agent's Signature, if changing Registered Agent:	•
ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to commonwisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability appears has been notified in writing of this change.	n and ment is
If Changing Registered Agent, Signature of New Registered Agent	<u> </u>

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 Address **Type of Action Title** <u>Name</u> _□ Add ☐ Remove _□ Change _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove Comige ישוא ם: ☐ Remeve ☐ Change _□ Add ☐ Remove

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	Signature of a member or authorized dispresentative of a member	<u> </u>	
		<i>₽</i> ₹ (ťΩ
	Adrian P Johnson Typed or printed name of signee		

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