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. COVER LETTER

Division of Corporations LISA'S VACATION RENTALS, LLC SUBJECT: 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: Garth D. Ehrlich Name of Person LISA'S VACATION RENTALS, LLC Firm/Company 1111 Locust ST, unit 9A Address Philadelphia, PA 19107 City/State and Zip Code vacationrentalsamerica@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Garth D. Ehrlich 287-5361 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status-& Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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

LISA'S VACATION RENTALS, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on October 04, 2017 and ass	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.	IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	H11 Locust ST, Unit 9A Philadelphia, PA 19107	
B. If amending the registered agent and/or registere		of the
registered agent and/or the new registered office address	here:	3
	<u>.</u>	-
Name of New Registered Agent:	ــــــــــــــــــــــــــــــــــــــ	•
None Desire and Office Address.	·	
New Registered Office Address:	Enter Florida street address	
 _	, Florida	

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>	Name	Address	Type of Action
AMBR	Garth D. Ehrlich	1111 Locust ST, Unit 9A, Philadelp	= Add
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ffective date, if other that an effective date is listed, the	date must be specific and ca	innot be prior to	date of filing o	r more than 90 c	_ (optional) lays after filing) Pursuant to (605.020 Garast s
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Typed or printed name of signee

Filing Fee: \$25.00