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DIVISION OF PHRESIDENTEN

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COVER LETTER

TO:		ation Sec n of Corp				
SUBJE	TOTAL STREET		sociation Management Solu	tions - Florida LLC		
			Name of Limi	ted Liability Company		
The en	closed Ar	ticles of A	imendment and fee(s) are subr	nitted for filing.		
Please	return all	correspon	dence concerning this matter t	o the following:		
			Patrycja Wolniczek-Much	na		
				Name of Person		
			Vacasa LLC			
				Firm/Company	_	
			PO Box 10130			
		Address				
			Portland/OR 97296			
		City/State and Zip Code agentnotices@vacasa.com				
			-	o be used for future annual report	notification)	
For fur	ther infor	mation co	ncerning this matter, please ca	ill;		
Legal	Departm	ent		503 345 939	99	
		Name of	Person	Area Code Da	sytime Telephone Number	
Enclose	ed is a ch	eck for the	e following amount:			
\$2:	5.00 Filin	g 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**

Vacasa Association Management Solutions - Florida LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited I	nability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000209735</u> .	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	•		
(Principal office address MUST BE A STREET ADDRESS)			
		2 655 20 655 9 735	
Enter new mailing address, if applicable:	-	A 400	
(Mailing address MAY BE A POST OFFICE BOX)		- 0	
		<i>S</i> 1	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		the name of the ne	
New Registered Office Address:	Enter Florida street address		
	Enter Florida street daaress		
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	·	sq cae	
I hereby accept the appointment as registered agent and agrowns of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further ag performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is	

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>	Address	Type of Action
MGR ·	Eric Breon	926 NW 13TH AVE.,	
		Portland, OR 97209	≅ Remove
			☐ Change
MGR	MEGHAN LUTTERMAN	PO BOX 10130,	= Add
		Portland, OR 97296	□ Remove
			Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Remove
		·	Change
			Add
		- <u>-</u>	Remove
			□ Change

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1100			
Note	ctive date, if other than the date of filing:		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	e ear	lier of:
Date	d T5 /25/AS		
	f. 1/25/18 F. 1/2/16 Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00