

118000022828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

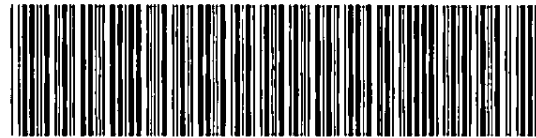
(Business Entity Name)

(Document Number)

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11/20/18--01006--011 **25.00

FILED

2018 NOV 20 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

DEC -1 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAROL VACATION HOMES LLC

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:

ROSI ALVES

Name of Person

TAX SOLUTIONS & BOOKKEEPING LLC

Firm/Company

7751 KINGSPONTE PKWY SUITE 119

Address

ORLANDO - FL - 32819

City/State and Zip Code

TAXES.SOLUTIONS100@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA PARDO

407 930-0829
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

FILED

CAROL VACATION HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2018 NOV 20 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 01/25/2018

Florida document number L18000022828

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

7751 KINGSPONTE PKWY SUITE 119

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO - FL - 32819

Enter new mailing address, if applicable:

7751 KINGSPONTE PKWY SUITE 119

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO - FL - 32819

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

TAX SOLUTIONS & BOOKKEEPING LLC

New Registered Office Address:

7751 KINGSPONTE PKWY SUITE 119

Enter Florida street address

ORLANDO

City

, Florida 32819

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.

Claudia Saw
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:

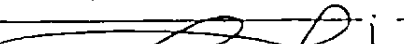
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FERNANDA PANARO DIAS JARDIM	1570 SANDBAGGER DR	<input type="checkbox"/> Add
		DAVENPORT - FL - 33896	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ELIEDSON JARDIM	1570 SANDBAGGER DR	<input checked="" type="checkbox"/> Add
		DAVENPORT - FL - 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LUIZA MUNIZ PANARO JARDIM	1570 SANDBAGGER DR	<input checked="" type="checkbox"/> Add
		DAVENPORT - FL - 32896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CAROLINA MUNIZ PANARO JARDIM	1570 SANDBAGGER DR	<input checked="" type="checkbox"/> Add
		DAVENPORT - FL - 32896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

PLEASE ADD EIN # 30-1030400

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 07 NOVEMBER 2018



Signature of a member or authorized representative of a member

FERNANDA PANARO DIAS JARDIM

Typed or printed name of signee