## 480000 42822

(Re	questor's Name)	
(Ad	dress)	_
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900336021209

10/23/13--01031--015 \*\*25.00

2615 001, 29 PHI2: 43

. ; j

R. WHITE NOV 2 6 2019

## **COVER LETTER**

TO:	egistration Section vision of Corporations
SUBJE	Florida Luxury Vacation Rentals LLC
	Name of Limited Liability Company
The enc	ed Articles of Amendment and fee(s) are submitted for filing.
Please re	m all correspondence concerning this matter to the following:
	Yue Xu
	Name of Person
	Florida Luxury Vacation Rentals LLC
	3886 Bourbon St Address
	_
	Port Drange FL 32129  City/State and Zip Code
	City/State and Zip Code  Floridaluxum VaCation rentals @ hot mail. 6M  E-mail address: (to be used for future annual report notification)
For furtl	information concerning this matter, please call:
	Name of Person  Area Code  Davtime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclose	a check for the following amount:
\$25.	Filing Fee Solution Status Solution Status Solution Status Certified Copy Certificate of Status (additional copy is enclosed) 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

V

· Florida Lixury Vac	ation	Rentals	llc
(Name of the Limited Liability Compar (A Florida Limited L	i <mark>v as it now a</mark>	ppears on our re	cords.)
The Articles of Organization for this Limited Liability Company of Florida document number 18000 42827	were filed o	n <u>02/16</u> 2019 (	12018 and assigned 20129 PH12: 43
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity compa	ny here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company,"	the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	<u></u>		
(Mailing address MAY BE A POST OFFICE BOX)		<del>//</del>	
	<del>/-</del>	<del></del>	<del></del>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ss on our rec	ords, enter the name of the neg
Name of New Registered Agent:		/	
New Registered Office Address:	Ent	er Florida street a	ddress
			, Florida
	Ciţ		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performan provided fo	ce of my dutie r in Chapter (	s, and I am familiar with and 605, F.S. Or, if this document is
If Chai	nging Registe	red Agent, Signs	ture of New Registered Agent

Page 1 of 3

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>	Type of Action
AMBR	Xiaolu Xu	3886 Bourban St	Add
		386 Bourban St Port Drange II 32129	Remove
			Change
AMBR	Yue ying Zhang	3886 Bourbon St	Add
		3886 Bourbon St Port Drampe 71 32129	□ Remove
		<u></u>	Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Remove
			☐ Change

_	We	) US	- Ne	eed	+,	o Q	dd	two	membe	ત
	1340	din	the	Prev	'pr	fage	70	the	UC.	
									Thank	you ·
									Tue	<u> </u>
							- <del></del>		· 	
	•									
		-								
									-	
-	·							- <del></del>		
				<del></del> _					<u> </u>	
	· <u> </u>		-							
_							<del></del>			
fective	e date, if	other tha	n the da	ate of fili	ng:		<u> </u>			ional)
ote: If	the date ir	serted in	this block	k does not	t meet tl	ne applie	able stat	filing or mon utory filing i	e than 90 days afte requirements, th	r filing.) Pursuant to 605.02 is date will not be listed :
cumen	t's effectiv	ve date on	the Depa	irtment of	f State's	records	•			
						but no	t an ef	fective tin	ne, at 12:01	a.m. on the earlier
The 9	Oth day	arter th	e recor	a is filed	3.					
ited	Octo'	ner :	24		_, _	2019				
					-	27	1			
	-	•	Si	gnature of	a membe	er or auth	orized rep	resentative of	f a member	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00