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COVER LETTER

IO:

Registration Section

DIVISION OF CO	orporations	•	
JB VA	CATION PROS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are suf	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	•
	JENIFER BREAUX		
	Section Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificat Copy tadditional copy is enclosed)		
	JB VACATION PROS. L	Name of Limited Liability Company and fee(s) are submitted for filing. etning this matter to the following: R BREAUX Name of Person ATION PROS. LLC Finn-Company SHHAWK PRESERVE DRIVE Address FL 33547 City/State and Zip Code IN@DREAMVACATIONS.COM E-mail address: (to be used for future annual report notification) s matter, please cull: at (
		Firm-Company	Daytime Telephone Number e & S60.00 Filing Fee, Certificate of Status & Certificate Opy (nodditional copy is enclosed) Address: tration Section ion of Corporations Centre of Tallahassee
	15210 FISHHAWK PRES	ERVE DRIVE	
		Address	
	LITHIA, FL 33547		
		•	
For further information		•	incation)
	concerning this matter, prease o	an:	
JENIFER BREAUX		210 900-0488 at ()	Fine-Company DRIVE Address State and Zip Code NS.COM Af for future annual report notification) 210 900-0488 at (
Nume	of Person	Area Code Daytir	ne Telephone Number
linclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of C P.O. Box 63.	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

JB VACATION PROS, LLC	ny as it now amor	ers on our records.)		
(Name of the Limited Liability Compa (A Florida Limited I	iability Company)	TO SECOND PROPERTY.		
The Articles of Organization for this Limited Liability Company	were filed on _	APRIL 9, 2018		_ and assigned
Florida document number L18000092776				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited liab</u>	ility company l	<u>iere</u> :		
JB TRAVEL PROS, LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company." the	designation "LLC" or	-1	viation "L.L.C."
Enter new principal offices address, if applicable:			≱ 080	2020 AP
Principal office address MUST BE A STREET ADDRESS)			- SS.	- 2 8
			(2)	ω
			17 C	A I
Enter new mailing address, if applicable:			<u> </u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u>Se</u>	E CO
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our	records, <u>enter the</u>	name o	f the new regi
New Registered Office Address:	Enter F	orida street address	 -	
	April 1 r			
	7 ii	, Floric		Zip Code
	City			zip Coae

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
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			(IRemove
			□Change
			L'Add
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fective date.	if other than the date (of filing:			_ (optional)			
n effective date	is listed, the date must be spe r inserted in this block do	ecific and cannot be	prior to date of fi	ling or more than 90 d	lays after filing	1 Pursu	ant to 60;	5,020
oument's effective	tive date on the Departm	ent of State's rec	ippucaoie siauu cords.	ory ming requirem	ents, this date	WHI D	ot be iisi	led as
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	March 2 Geilber	m						
	Signati	ire of a member of	authorized ;epre	sentative of a membe	ī			
		JENIFER I	BREAUX					