L18000112206

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2022 AUG 12 PH 2: 02

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COVER LETTER

Division of Co		**	,
Sun Island	Vacation, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	~	
	Joseph H. Brown, Esq.		
		Name of Person	
	Blount Law, PL		
		Firm/Company	15
	809 Walkerbilt Road Suite	7	
		Address	
	Naples. FL 34110		
	·	City/State and Zip Code	**************************************
	jbrown@blountlaw.com		
	E-mail address: (to be used for future annual report no	ification)
For further information of	concerning this matter, please c	all:	
Joseph H. Brown		239 592-4815 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	ss:	Street Address:	
Registration :	Section	Registration Se	ection
Division of C	\	D	. •

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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



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Sun Island Vacation, LLC

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

The Articles of Organization for this Limited Liability C	Company were filed on 05/03/2018	and assigned
Florida document number L18000112206	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
2-44		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	d office address on our records, <u>enter t</u>	he name of the new registered
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enur Florida street address	
	. Fla	rida
		

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 heing 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 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
AR	Jens Stoefhase	WALDSTRASSE 2	□Add
		HOPPEGARTEN, AL 15366	≣ Remove
			□Add
			□ Remove
			Change
		·	
			[]Change
			□Add
			□Remove
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			☐ Change
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			□ Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	

-	
ective (date, if other than the date of filing: (optional)
<u>te:</u> Il th	e 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 are date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ument':	s effective date on the Department of State's records.
acad an	
s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted	Cape Coral ,7/19/2012
	Cape Coral ,7/19/2012 Januar Te Rinclin 27 Million Signature of a member or authorized representative of a member Januar Linday Gray - Delinated Typed or printed name of signee
	// Signature of a member or authorized representative of a member
	1804nette Lindon ber - Demmus