18000 114558

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	_
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	J. HORNE	
	APR - 5 2025	





800447847778

FILED 2025 APR -3 AH 8: 14

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

SANIBEL CAPTI	VA ISLAND VACA	ATION SERVICES, LLC
Please Debit FCA	000000003 For: 25	
Thank you Seth N	eelev	
1	,	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Arr. of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рһого Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1	2/	Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	04/02/25	UCC 1 or 3 File
		UCC 11 Search
Name	Date Tim	UCC 11 Retrieval
Walk-In	_ Will Pick Up	Courier

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

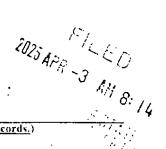
TO:

SANIBEL.	CAPTIVA ISLAND VACATI	ON SERVICES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARK A. EBELINI		
		Name of Person	
	KNOTT EBELINI HART		
		Firm/Company	
	1625 HENDRY STREET,	SUITE 301	
		Address	
	FORT MYERS FL 33901		
	-	City/State and Zip Code	
	mebelini@knott-law.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	concerning this matter, please c	all:	
MARK A. EBELINI		239 334-2722 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing 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 Addres Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	. /	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



SANIBEL CAPTIVA ISLAND VACATION SERVICES, 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 Company	were filed on MAY 10, 2018	and assigned
Florida document number 1.18000114558		
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 Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registered office a	iddress on our records, enter the r	same of the new register
agent and/or the new registered office address here:	iddiess on our records, enter the h	and of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	DOUBLAS BABCOCK	2512 WULFERT ROAD	□ Add
		SANIBEL FL. 33957	■Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
·			□Add
		.	□Remove
			Change
			□Add
			□Remove
			□Change
·			□Add
			□Remove
			Change

	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days after filing.) Pursuar Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	nt to 605.0207 t be listed as
deciment's effective date on the Department of State's feedings.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th drd is filed.	day after the
Dated 04/03/25, 2025 Cut— R. J., Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
ANTONINO R. LAPI, MANAGER	

Filing Fee: \$25.00