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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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06/07/19--01021--004 **25.00





COVER LETTER

TO:

FO:				No.
21 ID 1124		acation Rentals Association	, LLC	
SUBJEC	-1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing	. e ⁻
			•	S.
		Diane Ritter	itted for filing. The following: Name of Person ASSOC (ASTON) LCC Firm/Company Address City/State and Zip Code be used for future annual report notification)	
		Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Diane Ritter Name of Person National Vacation Rentals. Name of Person ASSIC (ACTO) ACC		
		1535 Old Beech Ct.	Firn/Company	Daytime Telephone Number 2
		Centerville, OH 45458	Address	
		dritter35@hotmail.com	City/State and Zip Code	·
			·	ification)
		oncerning this matter, please ca		
Diane F	Ritter 			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	Lis a check for th	ne following amount:		
š \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr		Registration Section	on

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

company has been notified in writing of this change.

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Sign of the second		
ars on our records.)		
May 15, 2018 and assigned		
ે સ્વે		
here:		
designation "LLC" or the abbreviation "L.L.C."		
on our records, <u>enter the name of the</u>		
Enter Florida street address . Florida		

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
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
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			Change
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fective date, if other than the	date of filing: (optional st be specific and cannot be prior to date of filing or more than 90 days after fill 90 days after	
ote: If the date inserted in this bl	ock does not meet the applicable statutory filing requirements, this dat	
ocument's effective date on the D	epartment of State's records.	
	d effective date, but not an effective time, at 12:01 a.m	on the earlier o
The 90th day after the rec	ord is filed.	
May 25	2019	
ated	·	
	Diane River - 05/25/2019	#
	Signature of a member or authorized representative of a member	
	·	
Diane Ritter		
	Typed or printed name of signee	<u>. </u>

Page 3 of 3

Filing Fee: \$25.00