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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	R L VACA	TIONS LLC		
SUBJ	ECT:	Name of Lim	nited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Ronald A. Lucas		
			Name of Person	
		R L VACATIONS LLC		
			Firm/Company	
		2450 Oak Hammock Preso	erve Blvd.	
		<del></del>	Address	
		Kissimmee, FL 34746		
		saculnor@gmail.com	City/State and Zip Code	<del></del>
		_	to be used for future annual report notific	cation)
For fu	rther information c	oncerning this matter, please c	all:	
Rona	ld A. Lucas		904 685-2420 at ( )	
F-mail address: (to be used for future annual report notification)    For further information concerning this matter, please call:    Ronald A. Lucas		Telephone Number		
Enclo	sed is a check for th	ne following amount:		
□ <b>\$</b> 2	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 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R L VACATIONS LLC				
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records imited Liability Company)			
the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abundance new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	d liability company here:			
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	SS)	18 IVIS		
		C C C C C C C C C C C C C C C C C C C		
		1 85		
		17 <u>0</u> 1		
Enter new mailing address, if applicable:		<u>구</u> 끊으		
(Principal office address MUST BE A STREET ADDRESS)				
		<b>6</b> 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:		<del></del>		
	Enter Florida street address			
<del></del>	, Flor			
	City	Zip Code		

## New Registered Agent's Signature, if changing Registered Agent:

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,  $\underline{\text{enter the title, name, and address of each person_being added}}$  or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
owner/MGR	RONALD A LUCAS	2450 Oak Hammock Preserve Blvd	
		Kissimmee, FL 34746	Remove
			Change
MGR	GRANT D SIEGFRIED	239 Candlebark Dr.	B Add
		Jacksonville, FL 32225	Remove
			Change
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		04	5/31/2018						
Effective date, if other than the if an effective date is listed, the date must	date of fili	ing:		4 l C.C.		. 45 00 -1	optional)	D	.ne 020
Note: If the date inserted in this blo	ck does not	t meet i	the applic	able statuto	ry filing r	equirement	s, this date	will not be li	isted as
document's effective date on the De	partment of	1 State	s records.						
ne record specifies a delayed The 90th day after the reco			, but no	t an effe	ctive tim	ne, at 12:	01 a.m. (	on the ear	lier o
Dated		15	5:01 pm						
Dated	1	-· —		<u> </u>					

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Typed or printed name of signee

Filing Fee: \$25.00