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SECRETARY OF STATE
DIVISION OF CORPORATION

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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:		Palms Vacation Rentals LLC	, a	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Michael Hickmott		
			Name of Person	
		Flamingo Palms Vacation F	Rentals	
		-	Firm/Company	
		8437 Tuttle Ave, Suite 304		
			Address	
		Sarasota, FI 34243		
		Michael@flamingopalms-fl.c	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	oncerning this matter, please ca	ail:	
Michael Hid	ckmott		941 580-4852	
-	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	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

TO:

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

Flamingo Palms Vacation Rentals LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	y were filed on July 3, 2018	and assigned
Florida document number L18000161438		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
Principal office address MUST BE A STREET ADDRESS)		3 ₹
		AUG FCRE
		~ \$₹,
Enter new mailing address, if applicable:		O (28)
Mailing address MAY BE A POST OFFICE BOX)		DF RPO
		3 2 -
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		nter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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, 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
MNG	Fonda Hull Giacoia	2974 57th Street	
		(8) (Add
			Remove
			Change
			□ Remove
			□ Change
			□ Add
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ive date, it other than the fective date is listed, the date mu	e date of filing: st be specific and cannot be prior to date of filing or more than	(optional) i 90 days after filing.) Pursuant to 605
	lock does not meet the applicable statutory filing requirepartment of State's records.	rements, this date will not be liste
	d effective date, but not an effective time, a	at 12:01 a.m. on the earlie
90th day after the rec	ord is filed.	
August 16	2018	
11/10		
(/ / / / / / / / / / / / / / / / / / /		

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Typed or printed name of signee

Filing Fee: \$25.00