118000/65858

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COVER LETTER .

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations			
MYD G	ROUPLLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	V/AND D AADD A C			
	YONI RAMRAS			
		Name of Person		
		Firm/Company		
	20807 BISCAYNE BLVE) #1(X)		
	<i>*</i>	Address		
	AVENTURA, FL 33180			
		City/State and Zip Code		
	YONI@RAMRASGROUF	P.COM		
	E-mail address: (to be used for future annual report notal	fication)	
For further information	concerning this matter, please c	all:		
YONI RAMRAS		917 9153422		
Name	of Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for	the 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)	
<u>Mailing Addr</u>	ess:	Street Address:		
Registration Section		Registration Section		
	Corporations	Division of Cor	porations	
P.O. Box 63	327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

FILED

ARTICLES OF ORGANIZATION OF

223 S\$ -2 A € 86

MYD GROUP LLC	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L18000165858</u>	were filed on 7/10/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
Vacay Mode LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sagy Herzano	20807 Biscayne Blvd #100 Aventura, Ft. 33180	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
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			□Add
			□Remove
			□Change

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Maria Danas and	Yoni Ramras				
		Typed or printed	name of signee		

Filing Fee: \$25.00