

L18000171413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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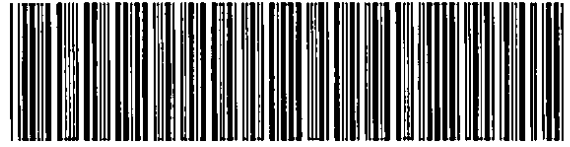
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG - 6 PM 2:55

Amend/name chan.

AUG 06 2018

D CUSHING



340 N. Westlake Blvd. | Suite 210 | Westlake Village, CA 91362

August 2, 2018

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: OHRAID VACATION RENTAL LLC

To whom it may concern:

The Enclosed Articles of Amendment and Fee(s) are submitted for filing.  
Also, please find enclosed a check for state filing fees in the amount of **\$35.00**  
made payable to the FL Dept of State. For information to this filing at the  
undersigned.

Thank you in advance and please return all correspondence in regards to this  
filing using the pre addresses stamped envelope included.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet, Incorporated  
888-449-2638 Ext. 105  
filings@corpnet.com

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OHRAID VACATION RENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
CLERK OF CIRCUIT COURT  
18 AUG -6 PM 2:55

The Articles of Organization for this Limited Liability Company were filed on 07/16/2018 and assigned  
Florida document number L18000171413.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

OHRAID VACATION RENTALS LLC

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Howard Jean-Marie	145 STEPHANIE DR	<input type="checkbox"/> Add
		GUELPH ONTARIO N1K 1X7	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rossana de la Cruz	236 BERGAMO DR	<input type="checkbox"/> Add
		DAVENPORT, FL 33897	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

10. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

July 26, 2018

Signature of a member or authorized representative of a member

OLIVIA CAMBRONERO

Typed or printed name of signee