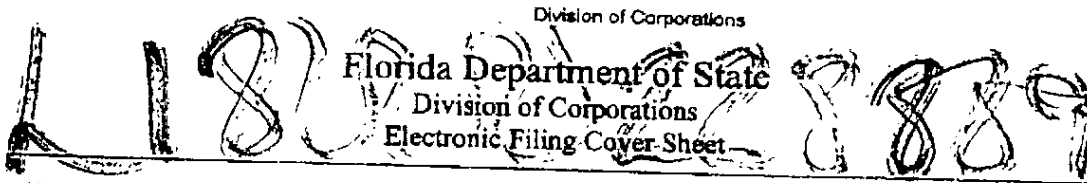


4/25/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000136692 3)))



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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : FLORIDA TAX HOUSE  
Account Number : I20190000015  
Phone : (407)203-1054  
Fax Number : (407)386-9170

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SUPPORT@FLTAXHOUSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MRM VACATION HOMES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2019/07/25 PM 4:23

2019 APR 26 PM 2:26  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MRM VACATION HOMES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERICKA LOPES

Name of Person

FLORIDA TAX HOUSE

Firm/Company

7550 FUTURES DRIVE STE 306

Address

ORLANDO, FLORIDA 32819

City/State and Zip Code

SUPPORT@FLTAXHOUSE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERICKA LOPES

407

203-1054

Name of Person

at (

Area Code

Daytime 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)

**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

APPROVED  
AND  
FILED  
2019 APR 26 PM 2:26  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**MRM VACATION HOMES LLC**

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

The Articles of Organization for this Limited Liability Company were filed on 09/26/2018 and assigned  
Florida document number L18000228889

This amendment is submitted to amend the following:

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

*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	MARCELO SOUZA SANTOS	5285 OAKBOURNE AVE DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 APR 26 PM 2:26  
STATE  
SECRETARY  
TALLAHASSEE, FL

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AND  
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12. If recommending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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AND  
FILED

2009 APR 26 PM 2:26

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
 (If an effective date is listed, the date must be specific.)

**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.

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

Dated APRIL 24 2019

Signature of a member or authorized representative of a member

MARCIO APARECIDO DOS SANTOS

Typed or printed name of signer