

## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**L19000027412**

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## To:

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

## From:

Account Name : DOLNEY LAW, PLLC  
Account Number : I20190000049  
Phone : (352)359-3606  
Fax Number : (888)850-1303

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

Email Address:

*Richard@RHellerPA.com***LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****VACATION HOUSE AMERICA LLC**

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

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May 9, 2023

*Via Facsimile*

Tracy L. Lemieux, Regulatory Specialist II  
Florida Department of State, Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Fax Aud. #: H23000168158  
Letter Number: 723A00010393

Ms. Lemieux:

In accordance with your letter dated May 8, 2023, a copy of which is attached as directed, I enclose a darker copy of the Articles of Amendment to Articles of Organization of Vacation House America, LLC (Florida Document Number L19000027412). Kindly file these amended articles as soon as possible.

Should you have any questions, please call me at (352) 359-3606.

Respectfully,

*/s/ Thomas S. Dolney*

Thomas S. Dolney

Enclosures

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

Vacation House America 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 January 28, 2019 and assigned  
Florida document number L19000027412.

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:

Richard A. Heiler

New Registered Office Address:

611 N. Wymore Road, Ste 219

*Enter Florida street address*

Winter Park

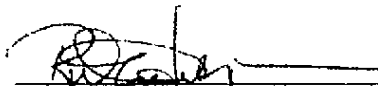
Florida 32789

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

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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>
MGR	David Vu	5684 Vista Park Boulevard	<input type="checkbox"/> Add
		Orlando, Florida 32829	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thao Bich Thi Ngo	6684 Vista Park Boulevard	<input checked="" type="checkbox"/> Add
		Orlando, Florida 32829	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. 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 805.0207 (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. (a) the earlier of: (b) The 90th day after the record is filed.

Dated May 9 2023

Thomas  
Signature of a member or authorized representative of a member

Thao Bich Thi Ngo  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**