

Apr. 9, 2019 6:22 PM

No. 3338 P. 1

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : US TAX CONSULTING INC  
Account Number : I20160000060  
Phone : (407)674-8969  
Fax Number : (407)674-8970

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SR ARES VACATION RENTALS LLC

Certificate of Status	0
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Estimated Charge	\$55.00

2019 APR 10 PM 8:11

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Corporate Filing Menu

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APR 11 2019

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
SR ARES VACATION RENTALS LLC

No. 3330 P. 2

FILED

19 APR 10 PM 6:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Florida Limited Liability Company were filed on 03/21/2019 and assigned Florida document number .

Florida document number: L19000077868.

Article I

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

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The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable:  
(Principal office address *MUST BE A STREET ADDRESS*)

215 CELEBRATION PLACE  
STE 520  
CELEBRATION, FL 34747

Enter new mailing address, if applicable:  
(Mailing address *MAY BE A POST OFFICE BOX*)

215 CELEBRATION PLACE  
STE 520  
CELEBRATION, FL 34747

Article IV

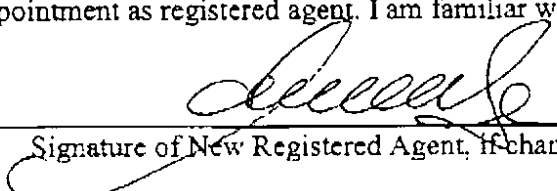
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: US TAX CONSULTING INC

New Registered Office Address: 5401 S. KIRKMAN RD SUITE 135, ORLANDO, FL 32819

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

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

Title	Name	Address	Type of Action
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C. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED: APRIL 09<sup>TH</sup> 2019.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

SERGIO SA

Typed or printed name of signee

FILED  
19 APR 10 PM 6:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA