

May. 26. 2021 5:02PM

Division of Corporations

No. 5198 P. 1

L1900007868

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : US TAX CONSULTING INC
Account Number : I20160000060
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Fax Number : (407)674-8970

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TALLAHASSEE, FLORIDA

2021 MAY 26 AM 7:00

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

Certificate of Status	0
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Corporate Filing Menu

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

The Articles of Organization for this Florida Limited Liability Company were filed on 03/21/2019 and assigned Florida document number: L19000077868

EIN Number: 38-4115880

Article I

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."

Article II

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**)

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:

New Registered Office 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.

If Changing Registered Agent, Signature of New Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAY 26 AM 7:00

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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

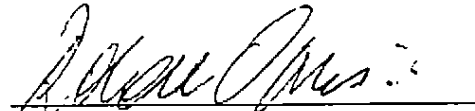
Title	Name	Address	Type of Action
AMBR	ABBUD ARES, SALMA	RUA FLAVIO QUEIROZ DE MORAES, 288	REMOVE <input checked="" type="checkbox"/>
		SAO PAULO, SP 01249-030 BR	ADD <input type="checkbox"/>
AMBR	ARES FILHO, ROBINSON	RUA TOBIAS MONTEIRO, 85	REMOVE <input type="checkbox"/>
		SÃO PAULO, SP 04355-010 BR	ADD <input checked="" type="checkbox"/>
AMBR	ARES, ISABELLA ANN	1355 CAMBRIDGE CT NE	REMOVE <input type="checkbox"/>
		ATLANTA, GA 30319 US	ADD <input checked="" type="checkbox"/>
AMBR	ARES, NICHOLAS JOHN	1355 CAMBRIDGE CT NE	REMOVE <input type="checkbox"/>
		ATLANTA, GA 30319 US	ADD <input checked="" type="checkbox"/>

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: May 26th, 2021.



Signature of a member

ROBINSON ARES

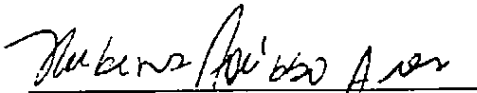
Typed or printed name of signee



Signature of a member

ROBINSON ARES FILHO

Typed or printed name of signee



Signature of a member

RUBENS ADIBO ARES

Typed or printed name of signee



Signature of a member

ISABELLA ANN ARES


Typed or printed name of signee



Signature of a member

RENATA PAULA ARES

Typed or printed name of signee



Signature of a member

NICHOLAS JOHN ARES

Typed or printed name of signee



Signature of a member

REGINA PAULA ARES

Typed or printed name of signee

CLERK OF STATE
TALLAHASSEE, FLORIDA

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