L19000077868

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H24000280970 3)))

H24000280970 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)674-8976

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

Email Address: _____

FILED
2024 AUG 21 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$55.00

Electronic Filing Menu Corporate Filing Menu Help

RECEIVED
2024 AUG 21 PM 4:37
DIVISION OF CORPORATIONS

K. SALY
AUG 22 2024

FILED
2024 AUG 21 AM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: L19000077368

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)
2940 PARK POND WAY, KISSIMMEE, FL 34741

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
2940 PARK POND WAY, KISSIMMEE, FL 34741

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

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	ARES, ROBINSON	RUA FLAVIO QUEIROZ DE MORAES, 288	REMOVE ■
		SAO PAULO, SP 01249-010 BR	ADD ☐
AMBR	ARES FILHO, ROBINSON	RUA TOBIAS MONTEIRO, 85	REMOVE ■
		SÃO PAULO, SP 04355-010 BR	ADD ☐
AMBR	ARES FILHO, ROBINSON	RUA TOBIAS MONTEIRO, 139	REMOVE ☐
		SÃO PAULO, SP 04355-010 BR	ADD ■
AMBR	ARES, RENATA PAULA	RUA FLAVIO QUEIROZ DE MORAES, 228	REMOVE ■
		SÃO PAULO, SP 01249-010 BR	ADD ☐
AMBR	ARES, RENATA PAULA	10502 FOUNTAIN LAKE DR, APT 223	REMOVE ☐
		STAFFORD, TX 77477 US	ADD ■
AMBR	ADIBO ARES, RUBENS	RUA FLAVIO QUEIROZ DE MORAES, 228	REMOVE ■
		SÃO PAULO, SP 01249-010 BR	ADD ☐
AMBR	ADIBO ARES, RUBENS	RUA FLAVIO QUEIROZ DE MORAES, 288	REMOVE ☐
		SÃO PAULO, SP 01249-030 BR	ADD ■

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

FILED
2024 AUG 21 AM 4:17
TALLAHASSEE, FLORIDA

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: AUGUST, 21 2024

Signature of a member
ROBINSON ARES FILHO
Typed or printed name of signee

Signature of a member
REGINA PAULA ARES
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

FILED
2024 AUG 21 AM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA