## L19000107634

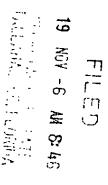
(Re	questor's Name)	
(Ād	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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11/06/19--01017--008 \*\*25.00



S. YOUNG

## **COVER LETTER**

TO:

TO:	Registration Sec Division of Corp			
	. AUTHENT	IC VACATION HOMES LLC		•
SUBJE	CT:		ted Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	to the following:	
	·	DRIELEN FERREIRA		
		AUTHENTIC VACATION	Name of Person HOMES	
		1420 CELEBRATION BLV	Firm/Company VD SUITE 200	
		CELEBRATION.FL 34747	Address	
		contact@authenticorlando.c		
			to be used for future annual report to	otification)
		oncerning this matter, please co		
TIAGO	) FERREIRA		407 449-0433 at ()	
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>¥</b> \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTHENTIC VACATION HOMES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_\_ and assigned Florida document number 83-45885316 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 "LLC." 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 \_. Florida \_\_

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or <u>removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GUSTAVO SILVA DIB	14829 WINKFIELD CT WINTER GARDEN, FL. 34787	
			Remove
			Change
MGR	SARAH CRISTINA PV FERREIRA DIB	14829 WINKFIELD CT WINTER GARDEN, FL, 34787	Add
			<b>∭</b> Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

amending any other information	m, enter change(s) here.	. Тунисн шинголи зв	eeis, y necessary-)	
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Affective date, if other than the date in effective date is listed, the date must be a locument's effective date on the Dep	e specific and cannot be prior t k does not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be l	505.020' isted as
e record specifies a delayed The 90th day after the reco	effective date, but not d is filed.	an effective time, a	at 12:01 a.m. on the ea	rlier o
October, 29th	2019	·		
1	malure of a member or autho	rized representative of a me	ember	
	grande vi a memor vi admo			
DRIELEN FERREIRA				

Page 3 of 3

Filing Fee: \$25.00