

L19000113438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

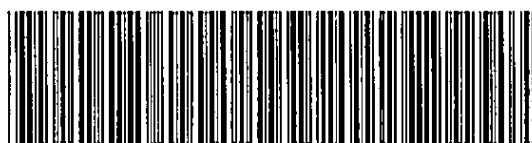
(Business Entity Name)

(Document Number)

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MAY 26 2020

2020 05 11 PM 12:53

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA SUN VACAYS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas NAGOURNEY
Name of Person

Douglas Nagourney, LLC
Firm/Company

843 S. Ocean Blvd
Address

POMPADRO BEACH, FL 33062
City/State and Zip Code

doug@axysinnovations.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas NAGOURNEY at (203) 249-0174
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FLORIDA SUN VACAYS, LLC

2020/11/11 PM 12:53

(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 4/25/2019 and assigned
Florida document number L19000113438.

This amendment is submitted to amend the following:

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

DOUGLAS NAGOURNEY, LLC

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)

843 S. Ocean Blvd

POMPANO BEACH, FL 33062

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

843 S. Ocean Blvd

Pompano Beach, FL 33062

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:

(Same)
Name of New Registered Agent:

Douglas NAGOURNEY (Same as previous)

New Registered Office Address:

843 S. Ocean Blvd

Enter Florida street address

POMPANO BEACH

City

Florida

33062

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.

(Same as previous
BUT NEW
OFFICE)


If Changing Registered Agent, Signature of New Registered Agent

[illegible]

[illegible]

(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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 7, 2020

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Douglas Nagourney

Typed or printed name of signee