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#### **COVER LETTER**

Division of Cor	rporations		
Vacation F	reedom Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The analysis Amioles of	Amountment and forces are	mitted Co. Gline	
	Amendment and fee(s) are sub	<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Alfredo J Perez		
		Name of Person	<del></del>
	Vacation Freedom Group,	LLC	
		Firm/Company	<del> </del>
	6039 Collins Ave, APT 63	2	
		Address	
	MIAMI BEACH, FL 3314	60	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	alfredojp25@icloud.com	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	·	
Alfredo J Perez		786 2632977	
		at ()	<del> </del>
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S		Registration Sec	
Division of C	•	Division of Con	porations

P.O. Box 6327

TO: Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### VACATION FREEDOM GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A r)	forida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number	ity Company were filed on	19 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
ITT EXIT, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	DDRESS)	
		110
		ुं है न
Enter new mailing address, if applicable:		23
(Mailing address MAY BE A POST OFFICE BOX	)	2
,	<u> </u>	
	<del></del>	
B. If amending the registered agent and/or regist		s, enter the name of the new registered
agent and/or the new registered office address her	<u>re</u> :	
None (CN) of Decision 1.4		
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida stre	et address
	···	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Regist	tered Agent:	
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance of my di ed agent as provided for in Chapte stered office address, I hereby con	uties, and I am familiar with and er 605, F.S. Or, if this document is

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

<u>Title</u>	Name	<u>Address</u>	Type of Action
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