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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STAT

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## **COVER LETTER**

TO: Registration S Division of Co			
	OSPITALITY LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	GERMAN D SIMCOVIC	CH .	
		Name of Person	
	SIMCOVICH & WHALE	EN LLC	2021 SECK
	235 18TH ST OFFICE	Firm/Company	1 - 6 July - 6
		Address	SSET PH IT
	MIAMI BEACH, FL 331,	39	2: 18 STATE
	HELLO@SIMCOVICHW		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)
GERMAN D SIMCOVI		786 547-9376	
		at ()	
Name c	if Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
<u>Mailing Addres</u> Registration :		<u>Street Address:</u> Registration Se	ection
Division of C	iorporations	Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, FL 32314		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	s it now appears on our records.) lity Company)			
The Articles of Organization for this Limited Liability Company wer lorida document number	e filed on		_	and assigned
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liability	company here:			
'ASITA VACATION RENTALS LLC				
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" o	r the	abbrev	iation "L.L.C."
Inter new principal offices address, if applicable:		:III S	202	
Principal office address MUST BE A STREET ADDRESS)		111	<u>-</u> E	
Inter new mailing address, if applicable:		양	-6 PM 2: 18	
3. If amending the registered agent and/or registered office addi	ress on our records, enter th	e na		the new reg
gent and/or the new registered office address here:	· <del></del>			
Name of New Registered Agent:				<del></del>
New Registered Office Address:	Enter Florida street address	-		
	Flori	da		

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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			SE ZDZI Remove
····			AF COT STATE  Remove
			TH 8 □Remove
			□Change
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Dated		The time at 12.01 a.m. on the current of (0) The soll day area are
Dated		4
Signature of a member or authorized representative of a member		or authorized representative of a member
	GERMAN D SIMCOVICH	

Typed or printed name of signee