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Amend

AUG 13 2019
I ALBRITTON

COVER LETTER

	tration Section ion of Corporations
SUBJECT: _	Vacations G.O. LLc Name of Limited Liability Company
The enclosed z	Articles of Amendment and fee(s) are submitted for filing.
Please return a	Il correspondence concerning this matter to the following:
	<u>Fernando</u> GUERRERO Name of Person
	Fernando GUERRERO Name of Person Vacanons G. D. LLC Firm/Company
	15136 Brayoad PRail
	Driando, FL 32824 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	ormation concerning this matter, please call:
Mari	Cairmen Aponte Golon at (1787) 433-7373 Name of Person Daytime Telephone Number
Enclosed is a c	heck for the following amount:
⊠ \$25.00 Fili	ng Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.)
The Articles of Organization for this Limited Liability	y Company were filed on <u>Sine 21,2019</u> and assigned 1893
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zıp Code
New Registered Agent's Signature, if changing Registi	ered 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 <u>Title</u> Address **Type of Action** <u>Name</u> Yalila Guerrero Ordonez MGR 15136 Braywood TRack Remove Orkardo, FL 32824 A Change ☐ Remove □ Change _□ Remove _□ Change _□ Add □ Remove □ Change □ Add ☐ Remove ☐ Change \square Add ☐ Remove

_□ Change

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Olanearmendone
	Signature of a humber or authorized representative Transmer May Carney Honte Go

Page 3 of 3

Filing Fee: \$25.00