

L19000207722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

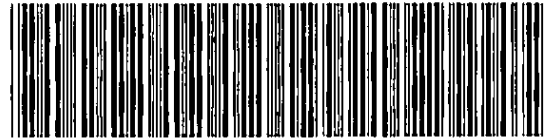
(Business Entity Name)

(Document Number)

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2021 APR -5 PM 3:19  
CLERK OF SUPERIOR COURT  
JANUARY 1, 2021

LS  
5/24/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ULV MARKETING 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:

Timothy Castaneda

Name of Person

Firm/Company

1461 Derby Glen Dr

Address

Orlando, FL 32837

City/State and Zip Code

admin@ultimatevacationstays.com

E-mail address: (to be used for future annual report notification)

FILED  
2021 APR -5 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Timothy Castaneda

321 3520643  
at ( )

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**

ULV MARKETING LLC

(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 08/14/2019 and assigned  
Florida document number L19000207722.

This amendment is submitted to amend the following:

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

UV Stays 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)**

8615 Commodity Circle Suite #8, Orlando FL 32819

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

8615 Commodity Circle Suite #8, Orlando FL 32819

**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:

Mia Castaneda

New Registered Office Address:

8615 Commodity Circle Suite #8

*Enter Florida street address*

Orlando

Florida 32819

*City*

*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.*

  
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	Timothy Castaneda	1461 Derby Glen Dr. Orlando FL 32828	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mia Castaneda	8615 Commodity Circle Suite #8, Orlando FL 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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 DEPT. OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The fictitious name "Ultimate Vacation Stays" registered  
G20000040764 needs to be transferred as well to new  
owner as its under ULV Marketing. We have tried mailing  
the fictitious department in Tallahassee and never receive  
a response.

2021 APR -5 PM 2:12  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

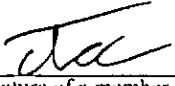
E. Effective date, if other than the date of filing: March 30, 2021 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 March 30 2021

  
Signature of a member or authorized representative of a member

Timothy Castañeda  
Typed or printed name of signee

Filing Fee: \$25.00