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T. MATTHEWS

DEC 10 2021

## **COVER LETTER**

Division of Corporations					
	VACATIONS LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MARICARMEN APONTI	<u> </u>			
	<del></del>	Name of Person			
	MACCPALAW LLC				
		Firm/Company			
	125 E PINE ST #1208				
	<del></del>	Address			
	ORLANDO, FL 32801				
		City/State and Zip Code			
	MACCPALAW@GMAIL.	COM to be used for future annual report notific	Cation)		
For further information of	concerning this matter, please of	·			
MARICARMEN APONTE		787 433-7373			
Name of Person		Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration		Street Address: Registration Sect	tion		
Division of C		Division of Com			

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

TC:

**Registration Section** 

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 21 1607 29 PH 3: 17

(Name of the Limite	d Liability Compa A Florida Limited	any as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited Liz Florida document number L19000216393	nbility Company	were filed on AUGUST 23.	2019 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	oility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)	1549 N 123TH NORTH	
		MIAMI,FL 33161	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	ROX)	•	* * * · · · · · · · · · · · · · · · · ·
printing undiress 19711 1912 (1 1 OO) OT LICE II	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
B. If amending the registered agent and/or re agent and/or the new registered office address	• •	address on our records, <u>en</u>	ter the name of the new regi
Name of New Registered Agent:	ALAN M VINCENT		
New Registered Office Address:	1549 N 123 TI		
		Enter Florida street ad	
	MIAMI		Florida 33161
		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:

	authorized Member	6. <b>3.3</b>	21 HO! 29 PM 3: 1	Town of Action
<u>Title</u>	<u>Name</u>	Address	2.	Type of Action
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		-,		□Remove
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				□Remove
				□ Change

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	21 HEV 29 PH 3: 17
fective date, if other than the date of f	filing: (optional)
in effective date is listed, the date must be specific ate: If the date inserted in this block done r	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 not meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department	to f State's records.
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ecord specifies a delayed effective date, but is filed.	t not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
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Slegiature o	of a member or athorized representative of a member
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MARICARMEN APONTE, CPA,	_

Filing Fee: \$25.00