

L19000220499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

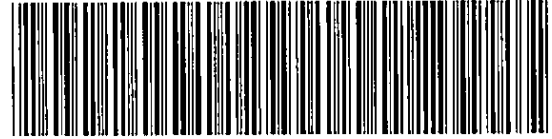
(Business Entity Name)

(Document Number)

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TAL LAWASSER, FILING

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A. RIVERS
MAY 30 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SILLS VACATION POOL HOMES, 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:

Philip A. Scantlebury, MBA

Name of Person

Accounting and Computer Services, Inc

Firm Company

5401 AS, Kirkman Road, Suite 310

Address

Orlando, FL 32819

City State and Zip Code

accnsvest@aescpayroll.net

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

For further information concerning this matter, please call:

Philip Scantlebury

Name of Person
at (407) 745-1714

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**

SILLS VACATION POOL HOMES, 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 28 2019 and assigned Florida document number L19000220499.

This amendment is submitted to amend the following:

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

Giff Vacation Pool Homes, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Accounting and Computer Services, Inc

New Registered Office Address:

5401 S. Kirkman Road, Suite 310

Enter Florida street address

Orlando

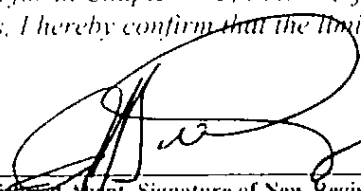
Florida

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>
MGR	Sandra Sills	2037 Morning Star Drive	<input type="checkbox"/> Add
		Clermont, FL 34714-6892	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Giff	2037 Morning Star Drive	<input checked="" type="checkbox"/> Add
		Clermont, FL 34714-6892	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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