L19000267813

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COVER LETTER

	Registration Se Division of Cor					
CUB IEC		eaches Vacation Rentals, LCC				
SUBJEC	ı:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		Hene S Schnall				
			Name of Person			
		Hene S Schnall PA				
			Firm/Company	·		
		2480 N Andrews Ave, Sui	te I			2 ; ∃
			Address			2 AU
		Wilton Manors, FL 33311				22 AUG 30 AM (
			City/State and Zip Code			; ⊒≱ :
		elysehr1@yahoo.com				- i
		E-mail address: (to be used for future annua	d report notific	cation)	AH 10: 26
For further	er information c	oncerning this matter, please ca	all:			
Ilene S S	chnail		954 7 at ()	68 1946		
	Name o	f Person	Area Code	Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:				
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Certificate of Certified Co (additional cop	of Status &
-	Mailing Addres Registration S		Regist	Address: ration Sect		
	Division of C			on of Corp entre of Ta		
,	P.O. Box 632	. /	i ne C	entre of 1a	шапаѕѕее	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on OCTOBER 25, 2019	and assigned
lorida document number L19000267813		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liah	bility company here:	
, <u>— </u>		
e new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	3100 NE 49th Street, Apt 907	
Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Florida 33308	νίς 22 <i>Ι</i>
		90
		30 30
nter new mailing address, if applicable:	3100 NE 49th Street, Apt 907	
Tailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale, Florida 33308	-
		26

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

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>	Address	Type of Action
MGR	Michael M Schechter Declaration	1054 Lyndhurst K	'∐Add
		Deertield Beach, FL 33442	■Remove
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an offective d	late is listed, the date m	iust be specific and can	not be prior to date of	of filing or more than	90 days after filing) P	
	date inserted in this b Mective date on the l			umory ming redui	ements, this date w	ii iioi be fisted a
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	ifies a delayed effecti	ive date, but not an o	effective time, at	12:01 a.m. on the e	arlier of: (b) The	00th day after the
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		Signature of a mem	aber or authorized re	rpresentative of a me	mher	