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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
Coast Vaca	ation Rentals, LLC		
SUBJECT:			
	Name of Lim	ited 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:	
	Jessica Kendrick		
		Name of Person	
	Kendrick Law Group		
		Firm/Company	
	630 N. Wymore Rd., Suite	e 630	
		Address	
	Maitland, Florida 32751		
	associate@kendricklawgro	City/State and Zip Code oup.com	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
		at () Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	
r.O. Box 032	, <i>F</i>	the Centre of	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Coast Vacation Rentals, LLC

2020 J"122 PH 5: 21

(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number		y were filed on	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	of the limited lia	bility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liab	oility Company," the designat	tion "E.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	cable:	3208-C E. Colonial Drive, Orlando, FL 32803		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:		3208-C E. Colonial I	Orive, Orlando, FL 32803	
Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or ragent and/or the new registered office addressed agent: Name of New Registered Agent:		address on our record	s, <u>enter the name of the new registe</u>	
-	3208-C E. Co	olonial Drive		
New Registered Office Address:		Enter Florida stra	eet address	
	Orlando		. Florida 32803	
		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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
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ffective	date, if other t	han the date	of filing:		1 . 201		(optional)	
<u>ote:</u> If	ive date is listed, the the date inserted i	in this block de	oes not mee	t the applicab	date of filing of le statutory fi	imore than 90 di ling requireme	iys after (iling.) I nts. this date w	ursuant to 605,020 ill not be listed a
ocumen)	t's effective date (on the Departn	ient of State	e's records.				
essand o		4		ge e e	. 12.01			
is filed	pecifies a delayed	refrective date.	. but not an	effective time	e. at 12:01 a.n	i, on the earlie	r of: (b) The	90th day after the
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