120000093541

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Busiliess Chuty Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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November 28, 2023

CHRISTOPHER THOMPSON 348 COUNTY RD 542E BUSHNELL, FL 33513

SUBJECT: DRIFTWOOD VACATION RENTALS LLC

Ref. Number: L20000093541

We have received your document for DRIFTWOOD VACATION RENTALS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 623A00027068

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Driftwood Vacation Rontab WC 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: | |
| Christopher Thompson | |
| | |
| 348 County Rd 542E | |
| Bushnell, FL 33573 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| Driftwood Vacation Rontals IIC Firm/Company 348 Canty Rd 542E Address | |
| Christopher Thompson at (352) 272-4675 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| Mailing Address: Registration Section Registration Section | |

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1)cit | Hwood Vacation Rentals, LLC | |
|--|--|--------------------|
| | | |
| _ | • | and assigned |
| This amendment is submitted to amend the follow | wing: | |
| Articles of Organization for this Limited Liability Company were filed on | | |
| The new name must be distinguishable and contain the wo | (A Florida Limited Liability Company) The sof Organization for this Limited Liability Company were filed on | |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREET | (ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | 3 <u>0.Y</u>) | |
| | | the new registered |
| Name of New Registered Agent: | Christopher Thempson | |
| New Registered Office Address: | 348 County Bd 542E Enter Florida street address | ···· |
| | Boshrell Florida 33 | 35[3] Cip 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> | Address | Type of Action |
|--------------|---------------|---------------------------|----------------|
| AMBR | Tina Thompson | | □ Add |
| | | 348 CR 542F, Bushrell, FL | 33573 DRemove |
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| ective date, if other than the date of filing: | D 405 0303 |
| te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date v | will not be listed as |
| cument's effective date on the Department of State's records. | (C) |
| | 1/2 |
| peord 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 |
| is filed. | |
| | |
| | |
| ted Dec 6 2023. | |
| ted Dec 6 2023. | |
| Must - | |
| Signature of a member or authorized representative of a member | |

Filing Fee: \$25.00