

L20000194736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

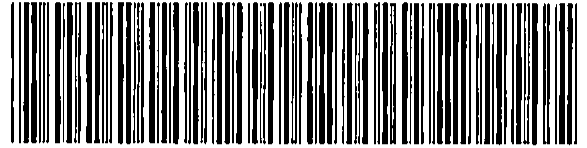
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARC-Vacation, 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:

Sandra Renggli

Name of Person

ARC Vacation, LLC

Firm/Company

3146 Zaharias dr

Address

Orlando FL-32837

City/State and Zip Code

contact@arcvacation.com

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

For further information concerning this matter, please call:

Sandra Renggli

407 288-31-47
at ()

Name of Person

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**

ARC Vacation, 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 June 2020 and assigned
Florida document number 20000184736.

This amendment is submitted to amend the following:

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

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:

3146 Zaharias dr

(Principal office address MUST BE A STREET ADDRESS)

Orlando FL-32837

Enter new mailing address, if applicable:

3146 Zaharias dr

(Mailing address MAY BE A POST OFFICE BOX)

Orlando FL-32837

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:

Sandra Renggli

New Registered Office Address:

3146 Zaharias dr

Enter Florida street address

Orlando

City

Florida 32837

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 add 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	Veronique Chaubert	10231 Cove Lake Dr	<input type="checkbox"/> Add
		Orlando FL-32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MYRS, LLC	3146 Zaharias dr	<input checked="" type="checkbox"/> Add
		Orlando FL-32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Renggli	3146 Zaharias dr	<input checked="" type="checkbox"/> Add
		Orlando FL-32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Yannis Renggli	3146 Zaharias dr	<input checked="" type="checkbox"/> Add
		Orlando FL-32837	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00