

L200000362178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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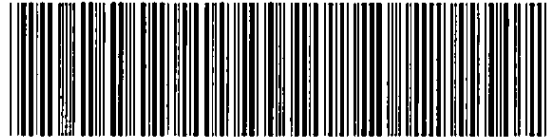
(Business Entity Name)

(Document Number)

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2023 SEP 26 AM 11:48

FILE

cf 10/7/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEST STAY EVER VACATION RENTALS 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:

EDWARD L ROBINSON
Name of Person

BEST STAY EVER VACATION RENTALS LLC
Firm/Company

6076 S. RACINE PLACE
Address

BERLIN
New Berlin WI 53146
City/State and Zip Code

RESERVATIONS@BESTSTAYEVER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD ROBINSON "Ted" at 407 670-1500
Name of Person Area Code Daytime Telephone Number
414 588-1165

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

BEST StayCure VACATION RENTALS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 SEP 26 AM 11:49

The Articles of Organization for this Limited Liability Company were filed on 11/12/2020 and assigned
Florida document number L20000362178

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:

(Principal office address MUST BE A STREET ADDRESS)

X

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

X

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:

EDWARD C. ROBINSON

New Registered Office Address:

790 CANARY PALM COURT

Enter Florida street address

Kissimmee

City

Florida

34747

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

Title	Name	Address	Type of Action
<u>MGR</u> was AMBR	CHRISTINE E. ROBINSON	7902 CANARY PALM CT KISSIMMEE FL 34747	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	From AMBR TO <u>MGR</u>		<input checked="" type="checkbox"/> Change
<u>MGR</u>	EDWARD L. ROBINSON	7902 CANARY PALM CT KISSIMMEE	<input type="checkbox"/> Add <input type="checkbox"/> Remove
	From AMBR TO <u>MGR</u>		<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is crossed out with a large X, indicating no changes are being made.)


E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 22, 2023



Signature of a member or authorized representative of a member

EDNA L. ROZIN, AMOR

Typed or printed name of signee