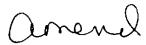
L21000138792

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	

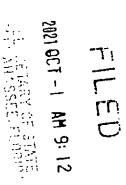
Office Use Only



600374238496



07/20/21--01015--011 **52.50



A RAMSEY

A RAMSEY



August 11, 2021

LORNE KASTNER 6574 N STATE RD 7 STE 335 COCONUT CREEK,

SUBJECT: VACATION HOMES SOLUTIONS, LLC

Ref. Number: L21000138792

We have received your document for VACATION HOMES SOLUTIONS, 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 LP, but your entity is a FLORIDA 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.

Letter Number: 321A00019093

Tekayla T Matthews OPS

COVER LETTER

TO: Registration Se Division of Cor			
	omes Solutions LLC		
SI-BJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and feets) are sub	mitted for filing	
	ondence concerning this matter		
	Lorne Kastner		
		Name of Person	
	Vacation Homes Solutions	LLC	
		Firm Company	
	6574 N State Road 7	•	
		Address	
	Coconut Creek FL 33073		
		City State and Zip Code	
	likasmer@gmail.com		
	F-mad address (to be used for future annual report no	onfication)
For further information of	concerning this matter, please c	ull	
Lorne Kastner		954 422-7066	
Name c	of Petson	Area Code Days	ime Telephone Number
Enclosed is a check for t	he following amount		
₩ \$25 00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Ti \$55.00 Filing Fee & Curtified Copy todditional copy is enclosed.	☐ \$60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
<u>Mailing Addre</u> Rooistration		<u>Street Address:</u> Rogistration S	Section
Registration Division of C		Registration S Division of C	
PO Box 63.	27	The Centre of	f Tallahassee
Tallahassee.	PL 32314	2415 N. Mon:	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 OCT -1 AM 9: 12

Vacation Homes Solutions LLC		BETARY OF SE
(<u>Name of the Limited Liability Con</u> (A Florida Limite	pany as it now appears on our revolus. In This is the state of the sta	AMASSEE, FI, TRUE
The Articles of Organization for this Limited Liability Compa- forida document number 1.24000138792	ny were filed on <u>3/2/2021</u>	and assigned
his amendment is submitted to amend the following		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name most be distinguishable and contain the words "I imited Lie	ability Company," the designation (1.1.C"	or the abbreviation "E.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter t</u> l	he name of the new registere
Name of New Registered Agent		
New Registered Office Address	For Physical Company	
	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	Flor	rida

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 hability 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>Litle</u>	<u>Name</u>	Address	Type of Action
AMBR	Thrust Marketing	6574 N State Rd & STE 335	. □Add
		Cocomit Creek FL 33073	≅Remove
			Change
AMBR	AMBR 11923536 Canada Incorp	1 King Street West 48th FL	□Add
		Toronto Ontario M55H1A	■Remove
AMBR	Lorne Kastner	6574 N State Rd &, STE 335	■Add
		Coconut Creek FL 33073	□Remove
			□Change
AMBR	AMBR Norma Kastner	6574 N State Rd &, STE 335	
	Coconut Creek FL 33073		
·			
			□Remove
		*****	TChange
			□Add
			©Remove
			□Change

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FC43	9 27/2021
песы	ve date, if other than the date of filing: 9.27(2021 (optional) certive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
<u> 01e:</u>	ent's effective date on the Department of State's records
<u>ofe:</u> Bean Becor	ent's effective date on the Department of State's records. d 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
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sote: ocum tecor i is fil	ent's effective date on the Department of State's records. d 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

Filing Fee: \$25.00