

L21000138792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

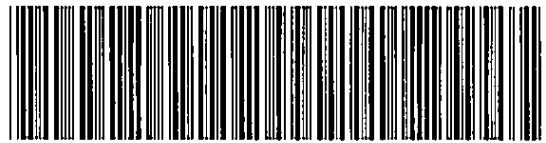
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600374238496

*Amend*

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

2021 OCT -1 AM 9:12  
CLERK OF STATE  
OF MISSISSIPPI

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OCT 1 2021  
A RAMSEY

OCT 1 2021  
A RAMSEY



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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.

Tekayla T Matthews  
OPS

Letter Number: 321A00019093

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vacation Homes Solutions LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing

Please return all correspondence concerning this matter to the following

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

lkastner@gmail.com

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

For further information concerning this matter, please call

Lorne Kastner

954 422-7066

Name of Person

at ( )

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

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~~SECRETARY OF STATE~~  
~~PRODS. & ASSES. FL. 1961~~

(A Florida Limited Liability Company)

**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>            | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|------------------------|----------------------------|--|
| AMBR         | Thrust Marketing       | 6574 N State Rd &, STE 335 | <input type="checkbox"/> Add               |
|              |                        | Coconut Creek FL 33073     | <input checked="" type="checkbox"/> Remove |
|              |                        |                            | <input type="checkbox"/> Change            |
| AMBR         | 11923536 Canada Incorp | 1 King Street West 48th FL | <input type="checkbox"/> Add               |
|              |                        | Toronto Ontario M55H1A     | <input checked="" type="checkbox"/> Remove |
|              |                        |                            | <input type="checkbox"/> Change            |
| AMBR         | Lorne Kastner          | 6574 N State Rd &, STE 335 | <input checked="" type="checkbox"/> Add    |
|              |                        | Coconut Creek FL 33073     | <input type="checkbox"/> Remove            |
|              |                        |                            | <input type="checkbox"/> Change            |
| AMBR         | Norma Kastner          | 6574 N State Rd &, STE 335 | <input checked="" type="checkbox"/> Add    |
|              |                        | Coconut Creek FL 33073     | <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]

**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.

Dated September 27, 2021

2/10/19

Signature of a member or authorized representative of a member

LORNE RASTNER

Typed or printed name of signee