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(((H21000187176 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone

: (855)498-5500

Fax Number

: (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.:-

E41	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ASSOCIATED VACATION RENTALS LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$55.00

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COVER LETTER

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TO:	Registration Sec Division of Corp					
		ASSOCIATED VA	ACATION RENTALS LLC			
SUBJE	СТ:	Name of Limi	ted Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sub-	nitted for filing.			
Please 1	return all correspon	ndence concerning this matter t	to the following:		2021 H	•
			PAULA BIRD			77
			Name of Person		.:. , 0	¥
		TAYI	LOR ENGLISH DUMA LLP		OF S	į
			Firm/Company		LING F	
		1600 PARK	WOOD CIRCLE SE, SUITE 200			
			Address			
			atlanta, ga 30339			
			City/State and Zip Code			
			TAYLORENGLISH.COM			
			to be used for future annual report notifica	nion)		
For fur	ther information c	oncerning this matter, please ca	all:			
PAUL	A BIRD		678 336-7181 at ()		_	
	Name o	f Person	Area Code Daytime T	elephone Number		
Enclos	sed is a check for the	ne following amount:				
	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certified	e of Status &	
	Mailing Addres	s <u>s:</u> Section	Street Address: Registration Secti	on		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Kim Tadlock 8004323622

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASSOCIATED V	VACATION RENTALS LLC	
(Name of the Limited Liability (A Flond	ity Company as It now appears on our records a Limited Liability Company)	<u>, </u>
The Articles of Organization for this Limited Liability (and assigned
Florida document number	ent is submitted to amend the following: ing name, enter the new name of the limited liability company here: must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." rincipal offices address, if applicable: fice address MUST BE A STREET ADDRESS) sailing address, if applicable:	
		5 5 F
	mited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)	RESS)	1 4-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	3
		orida
New Registered Agent's Signature, if changing Register		·
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, ar agent as provided for in Chapter 605, red office address, I hereby confirm th	F.S. Or, if this document is
	If Changing Registered Agent, Signature of	of New Registered Agent

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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>	Name	Address	Type of Action
AP	LORI GILMORE	121 S ORANGE AVENUE, SUITE 1590	
		ORLANDO, FL 32801	□ Remove
			22 Change
			:- 555 € U
		<u> </u>	. ⊇Remove
			□Add
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E. Effective date, if other than the date of filing:	<u> </u>	HA	_ 📆					
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-							P	
Fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 colts; if the date inserted in this block does not meet the applicable statutory filing requirement of state's records. The date inserted in the Department of State's records. The date of the date on the Department of State's records. The date of the date on the Department of State's records. The date of the date on the Department of State's records. The date of the date of filing: The date of filing or more than 90 or local to the date of filing or more than 90 or local to the date of filing or more than 90 or local to the date of filing: The date of		(incv	Ė.					
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Note: If the date inscribe in unis	DIOCK GOCS HOLDIN	eet me appnea	o date of filing ble statutory	or more than 90 o	_ (option lays after fi ents, this c	i al) ling.) Purs late will	nuant to 60 not be li	05.0201 sted as
record specifies a delayed effect d is filed.	tive date, but not a	an effective tin	nc, at 12:01 a	m. on the carli	er of: (b)	The 901	h day af	fer the
Dated MAY 10	,							
	Signature of a m	nember or autho	rized represent	tive of a member	2 1			
	•		•					