

5/10/2021

Kim Tadlock 8004323622

(02/06) 05/10/2021 11:53:25 AM

Division of Corporations

LA 100019616

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\***

Email Address: \_\_\_\_\_

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

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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**COVER LETTER**

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**TO: Registration Section  
Division of Corporations****SUBJECT:** ASSOCIATED 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:

PAULA BIRD

Name of Person

TAYLOR ENGLISH DUMA LLP

Firm/Company

1600 PARKWOOD CIRCLE SE, SUITE 200

Address

ATLANTA, GA 30339

City/State and Zip Code

PBIRD@TAYLORENGLISH.COM

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

For further information concerning this matter, please call:

PAULA BIRD

Name of Person

at ( 678 ) 336-7181

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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(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	LORI GILMORE	121 S ORANGE AVENUE, SUITE 1590	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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CLERK OF DISTRICT COURT  
STATE OF NEW YORK  
WESTCHESTER COUNTY

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

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)  
Notice: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

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 MAY 10, 2021

Shawn W. Ericson

Signature of a member or authorized representative of a member

SHAWN W. ERICSON

Typed or printed name of signer