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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	e Vacation, LLC					
SUBJECT:	Name of Lin	ited Liability Company	41 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -			
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Brian P. Marantz, Esq.					
		Name of Person				
	The Law Office of Brian N					
		Firm/Company				
	801 West Bay Drive, Suite	: 320				
		Address				
	Largo, Florida 33770					
		City/State and Zip Code	<u></u>			
	brianmarantzlaw@gmail.co	m				
	E-mail address: (	to be used for future annual report not	fication)			
For further information c	concerning this matter, please c	all:				
Brian P. Marantz		727 512-5137				
Name of Person		at () Area Code Daytim	re Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	LI \$30.00 Filing Fee & Certificate of Status	L. \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	LI \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres	s:	Street Address:				
Registration Section		Registration Se	ction			
Division of Corporations		Division of Cor	porations			
P.O. Box 632		The Centre of T				
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Island Time Vacation, LLC		
(Name of the Limited Liability C (A Florida Lim	ompany as it now appears on our reconited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 06/04/2021	and assigned
Florida document number L21000261488		
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 "L1	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>s)</u>	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
	<del> </del>	
•		2021
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new registere
agent and/or the new registered office address tiere.		
		55年 9
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess Ser Vo
	<del></del>	Torida
	City	Zin 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Mective date, if other than the di- fan effective date is listed, the date must b lote: If the date inserted in this bloc locument's effective date on the Depo	specific and does not n	connot be	prior to da pplicable ords.	ne of filing or standory fil	more than 90 (ing requirem	(option: bys after fili ents, this do	il) ng.) Pursuum i ite will not h	w 605.02( ∞ fisted a	7 (3) s tln
record specifies a delayed effective of is filed.	uc, but not	an effecti	ive time, a	it 12:01 a.m	, on the earli	er of; (b)	The 90th day	rafter the	:
rated 10-14	()s	20	21						
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Filing Fee: \$25.00