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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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T. MATTHEWS JAN 19 2022

COVER LETTER

	Registration Section Division of Corporations					
OUD IF CT		ne Vacations				
SUBJECT:Name of Limited Liability Company						
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspo	ondence concerning this matter	to the following:			
		Nathaniel Luma				
			Name of Person			
		Golden Times Vacations				
			Firm/Company			
		128 Trinity Ridge Circl				
			Address			
		Davenport, FL, 33897				
			City/State and Zip Code			
		goldentimevacations@gmai	il.com to be used for future annual report no	otification)		
For further	information c	concerning this matter, please co		,		
Nathaniel Luma		239 841-2738				
	Name o	f Person	at () Area Code Dayti	ime Telephone Number		
Enclosed is	a check for the	he 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. Centificate of Status & Centified Copy (additional copy is enclosed)		
	ailing Addres		Street Address: Registration S	Section		
Registration Section Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Golden Time Vacations (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 4, 2022 and assigned Florida document number 1.21000429356 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 "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address ____. Florida ___

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.

Cirv

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>	Address	Type of Action
MGR	Nathaniel Luma	128 Trinity Ridge Cir. Davenport. FL. 33897	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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