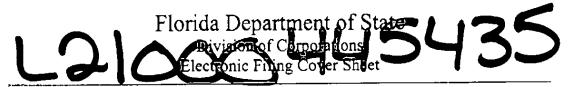
1/31/22, 9:08 AM

Division of Corporations



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(((H22000039291 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

Phone : (305)444-6226

Fax Number : (305)442-4829

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

Email:	Addmacc			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VACA COVE VACATION HOMES, LLC

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COVER LETTER

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TO:	Registration Se Division of Cor		• • •		1
	VACA CO	OVE VACATION HOMES, LI	LC .		
SUBJECT: Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		LAURA KOHN			
			Name of Person		
		ARAZOZA & FERNAND	EZ-FRAGA P.A.		
			Fmm/Company		
	2100 SALZEDO STREET, SUITE 300				
			Address		
		CORAL GABLES, FL 331	134		
			City/State and Zip Code		
		LAURA@ARAZOZA.CO		F	
		E-mail address: (to be used for future annual report not	ncation)	
For fu	ther information o	concerning this matter, please of	all:		
LAUR	LA KOHN		305 444-6226 I	EXT 233	
	Name o	of Person	Area Code Daytim	e Telephone Number	_
Enclos	sed is a check for t	he following amount:			
□ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARAZOZA & FERNANDEZ

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VACA COVE VACATION HOM	ES, LLC	
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	pocars on our records.) any)	
The Articles of Organization for this Limited Liability Company were filed or	n10/12/2021	and assigned
Florida document numberL21000445435		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compar	ny here:	
12441 S DIXIE HWY, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company,"	the designation 'LLC' or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
	<u> </u>	- 171年 2
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		in the second
		
B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
Ente	er Florida street address	
	, Florid	
City		Zlp 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> </u>			DAdd
			🔲 Remove
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. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (κ does not meet the applicable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective d ord is filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JANUARY 14	
Sig	gnamic of a mamber or authorised representative of a member
ČAD DOMET I. DD.	OPERTY MANAGEMENT LLC, by JAVIER CARBONELL, Manager
CARBUNELLYR	Typed or printed name of signce