## KZI 000 464245

(Red	questor's Name)	
(Add	dress)	<del></del>
(Add	dress)	
(Cit	y/State/Zip/Phone	<del></del>
(Cit)	//State/Zip/Filone	= #)
PłCK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400380537044

T. MATTHEWS

FEB - 7 2022

## **COVER LETTER**

TO: Registration Section Division of Corporations	<b>x</b>
SURJECT: VACANZE	of Limited Liability Company
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
_ALESS	Name of Person
VACA	NEE MIAMI GROUP LCC Firm/Company
_1800 N	1. BAYSHOPLE DR, APT 2908 Address
<u>M</u>	City/State and Zip Code
	WDRO & GELATOGO. WET  dress: (to be used for future annual report notification)
For further information concerning this matter, p	lease call:
ACESSKNDPS ALVING	at (786) 870 3245  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certificate of St	
Mailing Address:	Street Address: Registration 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

VACAN ZC (Name of the Limited Li	MAM G ability Company as it now orida Limited Liability Com	200P L22 appears on our records.)	· .,1 9: 40
The Articles of Organization for this Limited Liabili Florida document number <u>L2 1000 46</u> This amendment is submitted to amend the followin	ty Company were filed 42.5		and assigned
A. If amending name, enter the new name of the	limited liability compa	any here:	
The new name must be distinguishable and contain the words	Limited Liability Company	," the designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	 		
B. If amending the registered agent and/or regist agent and/or the new registered office address he	<u>re</u> :		
Name of New Registered Agent:	+(ESSANDR.	O ALVINO	
New Registered Office Address:	1800 N BAY	O ALVINO I SHORE DR uter Florida street address	, APT 2308
_	M/KM/	, Florida _	33132 Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 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
CMO	VITTORIO BELLUSCI	1919 BAY DR, APT 509	_ □Add
		MIAMIBEACH, FL, 33141	XRemove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Rетюче
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Add
			Remove
			Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	<del></del>
+	
<del></del>	
an etTec <u>ote:</u> If	e date, if other than the date of filing:
ecord .	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
	01/23/2022
	Signature of a member of authorized representative of a member
	ACESSANDRO ALVINO (CEO) Typed or printed name of signee