

K21000480044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

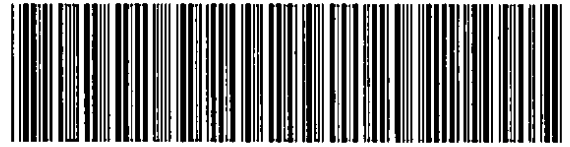
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naples Vacations, 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:

Matthew Bianchini

Name of Person

Naples Vacations, LLC

Firm/Company

8970 Fontana Del Sol Way Unit #2

Address

Naples, Florida, 34109

City/State and Zip Code

mattbnaples@gmail.com

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

For further information concerning this matter, please call:

Marilynn Langdon

239 641-5544
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Naples Vacation, LLC

(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 11/05/2021 and assigned
Florida document number L21000480044.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8970 FONTANA DEL SOL WAY
UNIT #2
NAPLES, FL 34109

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8970 FONTANA DEL SOL WAY
UNIT #2
NAPLES, FL 34109

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:

MATTHEW HEHL

New Registered Office Address:

8970 FONTANA DEL SOL WAY
UNIT #2
NAPLES, Florida 34109
City Zip 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.

Matthew Hehl

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------------|----------------------------------|--|
| MGR | Bianchini, Matthew | 519 105th Ave N | <input type="checkbox"/> Add |
| | | Naples, FL 34108 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Langdon, Marilyn | 8970 Fontana Del Sol Way UNIT #2 | <input checked="" type="checkbox"/> Add |
| | | Naples, Florida 34109 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | HEHL, MATTHEW | 8970 FONTANA DEL SOL WAY #2 | <input checked="" type="checkbox"/> Add |
| | | NAPLES, FL 34109 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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(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)

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 December 28, 2021.

ms. D. H. 1. 1. 1.

Signature of a member or authorized representative of a member

MATTHEW HEHL

Typed or printed name of signee