Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Fax Number : (214)317-4754

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

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HEDURI VACATION LLC

Certificate of Status Certified Copy	0
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Estimated Charge	\$25.00

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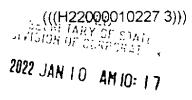
Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383 From: 12147128131 Date: 01/08/22 Time: 0:45 AM Page: 02/04

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HEDURI VACATION LLC				
(Name of the Limite	ed Liability Compar (A Florida Limited I.	ny as it now appears iability Company)	on our records.)	-
The Articles of Organization for this Limited Lin Florida document number 121000515859	ability Company	were filed on DE	CEMBER 6 2021	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited limbi	lity company he	<u>re</u> :	
The new name must be distinguishable and contain the we	ords "Limited Liabil	ity Company," the de	signation "LLC" or the ab	oreviation "L.L.C."
Enter new principal offices address, if applica	ab <b>le</b> :			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE I	BOX)			
B. If amending the registered agent and/or reagent and/or the new registered office addres		ddress on our re	cords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:				
New Registered Office Address:				
·		Enter Flori	da street address	
		<b>-</b> ,	, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing R				
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has bear where the company has been notified in writing the company has	er and complete ; stered agent as p registered office	performance of a provided for in C	my duties, and I am f hapter 605, F.S. Or,	amiliar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

' 'To: 18506176383 From: 12147128131 Date: 01/08/22 Time: 0:45 AM Page: 03/04

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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>	Name	Address	Type of Action
MGR	MARIA F RIVAS ROBLEDA	4536 RAINTREE RIDGE RD	<b>≅</b> ∧d <b>d</b>
		ORLANDO, FL 32837	[]Remove
MGR	VALERIA DURAN CARUSO	4536 RAINTREE RIDGE RD	<b>⊟</b> ∧dd
		ORLANDO, FL 32837	□Remove
			□Change
			□Add
			□Remove
			[1]Change
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			□Add
			□Кеточе
			ПСһапде

To:	18506176383	From: 12	147128131	Date:	01/08/22	Time:	0:45	ΑM	Page:	04/	/0
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Effective date, if	other than the date listed, the date must be sp	of filing:			(optional)		
Note: If the date i	nserted in this block do we date on the Departn	cs not meet the	: applicable stat	tiling or more than atory filing requir	90 days after filing. cinents, this date	) Pursuant to 605.020 will not be listed a	17 (3)(b is the
ne record specifies a	delayed effective date	, but not an effe	ctive time, at 12	2:01 a.m. on the en	arlier of: (b) Th	e 90th day after the	•
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ord is filed.	2-04	/	or authorized rep	resentative of a men	nber		

Filing Fce: \$25.00