## **L21000521592**

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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

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CHR IFCT.	FIKA VAC	FIKA VACATION HOMES LLC			
SUBJECT:  Name of Limited Liability Company					
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		SORAYA MEIRA			
		<del></del>	Name of Person	<del></del>	
		BELLA FLORIDA CONS	ULTING ELC		
		·	Firm/Company		
		7802 KINGSPOINTE PK	WY STE 203	 ۱	
			Address	<u>.</u>	
		ORLANDO, FL 32819			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report noti	fication)	
For further i	nformation co	oncerning this matter, please c			
	Name of	F. Down on	at () Area Code Daytim	A Talanhang Nambar	
	,vame o	1 F CISOR	Atea Code Dayline	e refejiione (vuitue)	
Enclosed is	a check for th	ne following amount:			
S25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Ro Di P.e	niling Addressistration S vision of C O. Box 632 Ilahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIKA VACATION HOMES 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 12/09/2021 and assigned Florida document number 1.21000521592 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.

City

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	ALINE GUIMARAES BARCELO:	5104 BIG CYPRESS ST	
		ORLANDO, FL 32811	■Remove
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			□Add
			□Remove
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		<del></del>	☐Add
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