

h22000014469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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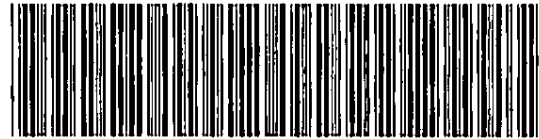
(Business Entity Name)

(Document Number)

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FILED
2022 JUL 26 AM 9:39
TALLAHASSEE, FLORIDA

07/25/22--01011--022 **25.00

OCT 1 2022

S. PRATHER

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: LMS VACATION HOME, 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:

Luis M Santiago Lopez

Name of Person

LMS VACATION HOME LLC

Firm/Company

2163 Remington Pointe Blvd.

Address

Kissimmee, Florida 34743

City/State and Zip Code

LMSVACATIONHOME@gmail.com

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

For further information concerning this matter, please call:

Luis M Santiago Lopez

at (407)

284-5992

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**

LMS VACATION HOME 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 01/06/2022 and assigned to File # 2022 JUL 28 AM 9:39
Florida document number L22000014469

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LMS VACATION HOME LLC

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)

Luis M Santiago Lopez

2163 Remington Pointe Blvd.

Kissimmee, Florida 34743

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Luis M Santiago Lopez

2163 Remington Pointe Blvd.

Kissimmee, Florida 34743

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:

Luis M. Santiago Lopez

New Registered Office Address:

2163 Remington Pointe Blvd.

Enter Florida street address

Kissimmee

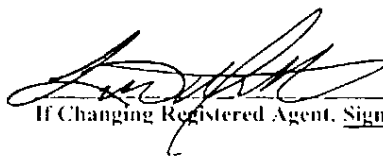
Florida 34743

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.



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>
AMBR	Luis M Santiago Lopez	2163 Remington Pointe Blvd.	<input checked="" type="checkbox"/> Add
		Kissimmee, Florida 34743	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luis M Santiago	2163 Remington Pointe Boulevard	<input type="checkbox"/> Add
		Kissimmee, FL 34743	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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.

Signature of _____

Luis M Santiago Lopez

Typed or printed name of signee

2022 JUL 26 AM 9:39
FALLA FASSEE, FLORIDA