

LZZ000126464

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A. PARISHANI
AUG 0 5 2023



COVER LETTER

TO: Registration Section Division of Corporations Special Touches Vacation Rentals LLC ame 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: Natalie Johnell Seafoam Dreams Valations LLC 140 Jackson's Run unit CH Sunta Rosa Beach, Fr.
Address 32459 Santa Rosa Beach, Fr. 32459

City/State and Zip Code

NJOhnell Egmail. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>Y50</u>) 320 - 2994
Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee X \$30,00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) 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**

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited L	iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L22000126464</u> .	were filed on MUTCh 14, 2028 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	
Seafoam Dreams Hant	
The new name must be distinguishable and contain the words "Limited Liabili (Seafoam Drum	ty Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	100 Jacksons Run
	Sunta Rosa Beach, Fr 32459
	JUMPA ROSA PREMIATION SEATS I
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SAME AS PRINCIPAL
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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
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record specifies a delayed ef he 90th day after the record	is filed.	but not an e	ffective time,	at 12:01 a	.m. on th	e earlier (
ed 06/14/2023 June 14		_				
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