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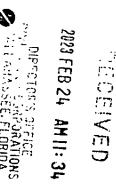
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(Business Entity Name)	
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CORPORATE ACCESS, ___

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

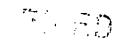
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The enclos	ed Articles of	Amendment and fee(s) are sub	amitted for filing				
		ondence concerning this matter	_				
		Brittany Hansen					
			Name of P	erson			
		Registered Agent Solution	ns, Inc.				
			Firm/Com	oany			
		5301 Southwest Parkway,	Suite 400				
		_	Address	<u> </u>			-
		Austin, TX 78735					
			City/State and 7	Lip Code	e		
		profwealthmanagement@g	mail.com (to be used for futu	re annua	l report polific	cation	_
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Brittany H	ansen		888 at (7	057274		
	Name of	f Person	Area C	ode -	Daytime	Telepho	one Number
Enclosed is	s a check for th	e following amount:					
■ \$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Fil Certified (additional o	Сору		0	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	ailing Address egistration S ivision of Co O. Box 632' allahassee, F	ection orporations 7	!] [Registi Divisio The Co	Address: ration Sect on of Corpo entre of Ta N. Monroe	oratio Ilahas	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ORLANDO VACATION RENTALS LLC

2023 FEB 24 PH 2: 24

(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 $\frac{04/20/2022}{1}$ and assigned Florida document number L22000165174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Orlando Florida Vacation Rentals LLC 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) 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 ___ City

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 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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Filing Fee: \$25.00