- To: 18506176383 From: 14693173436 Date: 06/13/22 Time: 1:40 PM Page: 02/05

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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. **

Fma11	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DESTINATION LUXURY RENTALS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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(((H220002057883)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTINATION LUNURY RENTALS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000180813		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "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 a agent and/or the new registered office address here:	nddress on our records, <u>enter the nam</u>	ne of the new registered
Name of New Registered Agent:		2022 JI
New Registered Office Address:	Enter Florida street address	APPRIL
	, Florida	Zup Code
New Registered Agent's Signature, if changing Registered Agent:		: 05

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

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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:

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MGR = Manager

AMBR + Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Richard Womack	408 Caraway Drive.	■Add
		Kissimmee, FL, 34759	DRemove
			☐ Change
AMBR	Roberto Rodriguez	408 Caraway Drive.	■ Add
		Kissimmee, FL, 34759	Remove
			☐ Change
			\ _ \ _ _ _ _ _
		Remove	
			[] Change
			□Add
			□ Remove
			Change
			□Remove
			()Change
			[] Add
			□ Remove

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f an cl Not <u>et</u>	(optional) enveloped attentions the date of filing:
reco d is fi	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 d
	fune, 10th 2022
Dated.	