## L22 000 192870

| (Requestor's Name)                      |  |  |  |  |
|-----------------------------------------|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|                                         |  |  |  |  |
|                                         |  |  |  |  |
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|                                         |  |  |  |  |

Office Use Only



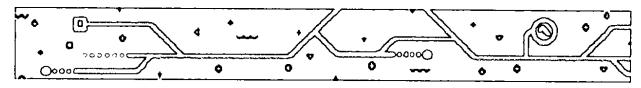
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TALL MINSSEE, FLORIDA

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## zenbusiness

Sep 6, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

RE: Totally Vaction LLC

To Whom It May Concern:

Attached please find the executed <u>Articles of Amendment</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly Castro 336 E. College Ave, Suite 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at fulfillment@zenbusiness.com.

Thank you, Kelly Castro ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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|                                                                                                                 |                                              | - 73                       |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------|
| Totally Vaction LLC                                                                                             |                                              | SEP -                      |
| (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 Comp                                                    | and assigned                                 |                            |
| Florida document number 1.22000192870                                                                           |                                              | क्षेत्र व                  |
| This amendment is submitted to amend the following:                                                             |                                              | -                          |
| A. If amending name, enter the new name of the limited                                                          | liability company here:                      |                            |
| Val's Remodeling & Installation 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 ADDRES:                                                              | 5)                                           |                            |
| Enton now mailing address if any liceble.                                                                       | 291 Cypress Road                             |                            |
| Enter new mailing address, if applicable:                                                                       | Venice, FL 34293-7851                        |                            |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                      | · onder, 13.5 12.55 11.51                    | <u></u>                    |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  | fice address on our records, enter the       | name of the new registered |
|                                                                                                                 |                                              |                            |
| Name of New Registered Agent:                                                                                   |                                              | <del></del>                |
| New Registered Office Address:                                                                                  |                                              |                            |
|                                                                                                                 | Enter Florida street address                 |                            |
|                                                                                                                 | , Floric                                     |                            |
|                                                                                                                 | 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>      | Address          | Type of Action  |
|--------------|------------------|------------------|-----------------|
| AMBR         | Sujery J Molina  | 291 Cypress Road | □Add            |
|              |                  | Venice, FL 34293 | □Remove         |
|              |                  |                  | <b>≡</b> Change |
| MGR V:       | Valentin L Saenz | 291 Cypress Road | <b>_≡</b> ∧dd   |
|              |                  | Venice, FL 34293 |                 |
|              |                  |                  |                 |
|              |                  |                  | □Add            |
|              |                  |                  | □Remove         |
|              |                  |                  | □Change         |
|              |                  |                  | □Add            |
|              |                  |                  | □Remove         |
|              |                  |                  |                 |
|              |                  |                  | □Add            |
|              |                  |                  | □Remove         |
|              |                  |                  | □ Change        |
|              |                  | <del></del>      | □Add            |
|              |                  |                  | □Remove         |
|              |                  |                  | □ Change        |

| D. If amending any other inform                                  | nation, enter change(s) here: (Attach additional sheets, if i                                                                                                                 | necessary.)                               |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                  |                                                                                                                                                                               |                                           |
|                                                                  |                                                                                                                                                                               |                                           |
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|                                                                  |                                                                                                                                                                               |                                           |
| <del></del>                                                      |                                                                                                                                                                               |                                           |
|                                                                  |                                                                                                                                                                               |                                           |
| <ul> <li>(If an effective date is listed, the date mi</li> </ul> | ust be specific and cannot be prior to date of filing or more than 90 days a block does not meet the applicable statutory filing requirements. Department of State's records. | after filing.) Pursuant to 605,0207 (3 Nb |
| f the record specifies a delayed effecti<br>ecord is filed.      | ive date, but not an effective time, at 12:01 a.m. on the earlier of                                                                                                          | f: (b) The 90th day after the             |
| Dated September 06                                               | 2022                                                                                                                                                                          |                                           |
|                                                                  |                                                                                                                                                                               | 022 S                                     |
| ISI Sujery .                                                     | 7 Molina Signature of a member or authorized representative of a member                                                                                                       |                                           |
| Sujery J Molina                                                  |                                                                                                                                                                               | 9 P                                       |
|                                                                  | Typed or printed name of signee                                                                                                                                               | 2022 SEP -9 PM 1: 1                       |

Filing Fee: \$25.00