L22000201026

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2029 JUL 12 AM 7:11



COVER LETTER

Division of Cor	porations		
SUBJECT:	AZUL BAY VAC	ATION RENTALS LLC	
30bst.c.1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Troy Walseth	
		Name of Person	
		Firm/Company	
		rumcompany	
		11225 3rd Street East	
		Address	
	<u></u>	reasure Island FL 33706	
	-	City/State and Zip Code	
	Yanin Hamaia 2	troy@lockhartteam.com	antion)
n carre a		-	Ranon)
ror turther information c	oncerning this matter, please c	ait;	
Troy Wal	seth	at ()	949
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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 TO THE SECOND TO THE S

2023 JUL 12 AK 7: 11

AZUL BAY VACATION KENTALS LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 7.1 (ARASSEE OF OPEN)
(At torida minios simplify) (At (At A)
The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned
Florida document numberL22000201026
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Programme and the description of the state o
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 register
agent and/or the new registered office address here:
Name of New Registered Agent:
New Besisters I Office Address.
New Registered Office Address: Enter Florida street address
, Florida
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 t 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTINE M MITCHELL	12496 136 LN, LARGO FL 33774	🗆 Add
			Remove
			□Change
_AMBR	Murray Coleman	980 Seminole St. Clermont 34711	. ⊠ Add
			□Remove
			□ Change
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			Change
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			☐Change

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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. e 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 rd is filed. Dated O6/22/2023 Signature of a member or authorized representative of a member		
Effective date, if other than the date of filing:		
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TROY WALSETH		
		Typed or printed name of signee

Filing Fee: \$25.00