

L2L0002d6037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

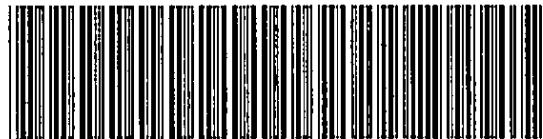
(Business Entity Name)

(Document Number)

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01/24/23--01026--004 ••25.00

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INDEXED
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JAN 24 2023 AM 8:10
FLORIDA STATE
PARKS AND RECREATION
DIVISION OF STATE PARKS
PARKS AND RECREATION
DIVISION OF STATE PARKS

SEARCHED

R. HUNT

01/24/23

COVER LETTER

TO: Registration Section
Division of Corporations

LUXURY SHORT TERM RENTAL LLC
SUBJECT: _____
Name 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:

GREGORY HENRY

Name of Person

LUXURY SHORT TERM RENTAL LLC

Firm/Company

3615 SUPREME COURT

Address

APOPKA FFL 32703

City/State and Zip Code

GHENRYLSTR@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG HENRY _____
Name of Person _____
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

RECEIVED
FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE, FL
APR 24 2010
01:48 AM
REC'D BY MAIL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LUXURY SHORT TERM RENTAL *LCC*

(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 05-02-2022 and assigned Florida document number 122000206037.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUXURY SHORT TERM RENTAL *Ldc*

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)

3615 SUPREME COURT

APOPKA FL 32703

SAME AS ABOVE

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RECEIVED
FLORIDA
STATE
AGENCY
AH 8:10

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 _____ 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>	<u>Address</u>	<u>Type of Action</u>
MGR	OLISTIN, FRANK	3615 SUPREME COURT APOPKA FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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EVERY GFS STATE
- HURRICANE FL

E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated April 10, 2023.

Signature of a member or authorized representative of a member

GREGORY HENRY

Typed or printed name of signee

Filing Fee: \$25.00