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(Request	or's Name)
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PICK-UP	] WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
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02/20/24--01033--003 - 4•25, 30

## **COVER LETTER**

TO: Registration Se Division of Cor					
DS HOME	S VEATION LLC				
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DANIELA MALDONADO	)			
		Name of Person			
_		/DS HOMES VCATION I.	J.C		
		Firm/Company			
	2499 EMPRESS DR				
		Address	· · · · · · · · · · · · · · · · · · ·		
	KISSIMMIEE FL 34741				
	dm6344535@gmail.com	City/State and Zip Code	<del> </del>		
	E-mail address: (	to be used for future annual report no	tification)		
For further information c	oncerning this matter, please c	all:			
daniela maldonado		561 5431769			
Name o	of Person	at () Area Code Daytii	me Telephone Number		
. Name o		7.1.4.1 ev.do 77.2.7 a	······································		
Enclosed is a check for the	he following amount:				
<b>■ \$25.00</b> 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)		
Mailing Address		Street Address:	ogtion		
Registration ! Division of C		Registration So Division of Co			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DS HOMES VEATION LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_\_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DS HOMES VACATION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 2499 EMPRESS DRIVE KISSIMMEE FL 34741 (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 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>	Name	<u>Address</u>	Type of Action
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		<del></del>	□Remove
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D. If amending any other i	nformation, enter ch	nange(s) here: <i>(Att</i>	ach additional sheet.	s, if necessary.)	
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E. Effective date, if other to (If an effective date is listed, the Note: If the date inserted it document's effective date of	in this block does not m	neet the applicable sta	of filing or more than 90 stutory filing requirem	(optional) days after filing.) Pursuant to ents, this date will not be	605.0207 (3) listed as the
the record specifies a delayed ecord is filed.	effective date, but not	an effective time, at	12:01 a.m. on the earl	er of: (b) The 90th day a	after the
Dated 2-2-24	<del> </del>				
	Signature of a n	nember or authorized re	presentative of a member	л	
	Danie	Typed or printed name	udonac	0	

Filing Fee: \$25.00