

122 000325013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

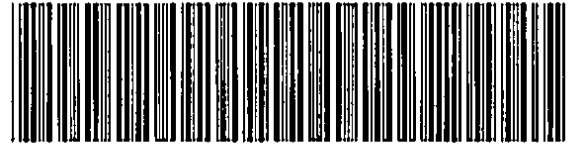
(Business Entity Name)

(Document Number)

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2022 SEP 13 PM 12:07
DIVISION OF CORPORATIONS
STATE OF MISSISSIPPI

SEP 13 2022

R. HUNT

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CHARLOTTE AND CECILIA'S VACATION CLUB LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN MICHAEL SY

Name of Person

CHARLOTTE AND CECILIA'S VACATION CLUB LLC

Firm/Company

8534 SW 57TH LN

Address

GAINESVILLE FL 32608

City/State and Zip Code

CANDVACATIONCLUBLLC@GMAIL.COM

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JOHN MICHAEL SY

at (312) 307-1942

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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
OF**

CHARLOTTE AND CECILIA'S VACATION CLUB LLC

(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 7/22/2022 and assigned Florida document number L22000325013.

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 "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)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
2022 SEP 13 PM 12:07

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>
AMBR	CHARLOTTE SY	8534 SW 57TH LN	<input type="checkbox"/> Add
		GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CECILIA SY	8534 SW 57TH LN	<input type="checkbox"/> Add
		GAINESVILLE FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 DIVISION OF CORPORATIONS
 STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE OWNERSHIP PERCENTAGE OF CHARLOTTE SY. REDUCE FROM 45% TO 0%

REMOVE OWNERSHIP PERCENTAGE OF CECILIA SY. REDUCE FROM 45% TO 0%

INCREASE OWNERSHIP PERCENTAGE OF JOHN MICHAEL SY. INCREASE FROM 10% TO 100%

STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2022 SEP 13 1 PM 12:07

E. Effective date, if other than the date of filing: 7/22/2022 (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 September 9 2022

John Michael Sy

Signature of a member or authorized representative of a member

JOHN MICHAEL SY

Typed or printed name of signee