L22000 348378

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	<u> </u>
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STATE

COVER LETTER

TO: Registration ! Division of Co		
Hemansm	na Vacation Properties LLC	
SUBJECT:	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.
Please return all corresi	ondence concerning this matter	to the following:
	Crystal Smalldon	
	Name of Person	
	erties LLC	
	Firm/Company	
	4725 W Sand Lake Road	Suite 106
		Address
	Orlando Florida 32819	
		City/State and Zip Code
	crystal@hemansma.com	
For further information	concerning this matter, please c	to be used for future annual report notification)
Crystal Smalldon	concerning this matter, prease c	352 531-5883
	of Person	at () Area Code Daytime Telephone Number
. vain.	or reison	Area Code Daytine reichnone Number
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	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

Hemansma Vacation Properties 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 August 8, 2022 Florida document number L22000348378 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." 4725 W Sand Lake Road Suite 106 Enter new principal offices address, if applicable: Orlando Florida 32819 (Principal office address MUST BE A STREET ADDRESS) 4725 W Sand Lake Road Suite 106 Enter new mailing address, if applicable: Orlando Florida 32819 (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida_

If amendin	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		2022 AUG 29 Action TALL ANAS			
<u>Title</u>	<u>Name</u>	Address	유무 로 (주)		
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e record specif rd is filed.	ies a delayed effective o	late, but not an effec	ctive time, at 12:0	l a.m. on the earlier	of: (b) The 90	th day after	er the
Dated August	26	. 2022	<u> </u>			AUG:	
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Cn	stal Smalldon					58 58	