L22000374472

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04/04/23--01909--020 **25.00



	egistration Se livision of Cor					
01101127		A VACATIONS LLC				
SUBJECT	T:	Name of Lim	ited Liability Company			
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	ırn all correspo	indence concerning this matter	to the following:			
		Carolina Storms				
			Name of Person		-	
			Firm/Company		-	
		11445 East Via Linda, Ste	. 2 #529		r.	23
			Address			23
		Scottsdale, AZ 85259			#	2023 APR -4
			City/State and Zip Code		-	- -
		storms.property@gmail.cor	11		i	
For further	rinformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	itication)	STAR	AH 8: 58
Carolina S	Storms		925 289-6866 at ()			
	Name o	l'Person	Area Code Daytin	ne Telephone Number		
Enclosed i	s a check for th	ne following amount:				
■ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	\$60.00 Filing Fee. Certificate of Stat Certified Copy tadditional copy is end	
_	lailing Addres		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations			Division of Cor			
P.O. Box 6327			The Centre of T	Fallahassee		
Tallahassee, FL 32314			2415 N. Monro	e Street, Suite 8	(10	

Tallahassee, FL 32303

DocuSign Envelope ID: 403649A0-DA50-4172-81C8-9B93B7C12B6E

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ISLAVISTA VACATIONS LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Comparition document number $\frac{1.22000374472}{2.000374472}$.	any were filed on 08/25/2022	and assigned
forida document number 12200000000000000000000000000000000000		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	iability company here:	
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation 3L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS,	<u> </u>	
		M 8:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	 _	<u> </u>
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter t</u>	ie name of the new regist
ent and of the new regimered office address were.		
Name of New Registered Agent:		
, , , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:	Enter Florida street address	
	Flor	rida

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

DocuSign Envelope iD: <03649A0-DA50-4172-81C8-9B93B7C12B6E real amending Authorized rerson(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>	Address	Type of Action
MBR	Carolina Storms, as Trustee of the Storms Family Trust dated December 16, 2022	11445 East Via Linda, Ste. 2 #529	= Add
	19ecember 16, 2022	Scottsdale, AZ 85259	□Remove
			Change
MBR	Storms Family Trust dated December 16, 2022	11445 East Via Linda, Ste. 2 #529	■Add
	<u> </u>	Scottsdale, AZ 85259	⊡Remove
			□Change
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Tective date, if other than the date of filing:					
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a botument's effective date on the Department of State's records. 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 is filed. ated 2/15/2023 Carolina Storms Signature of a member or authorized representative of a member					
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Carolina Storms	Sign	nature of a member or authorized representative of a member	٠		
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Filing Fee: \$25.00