

h22000471113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

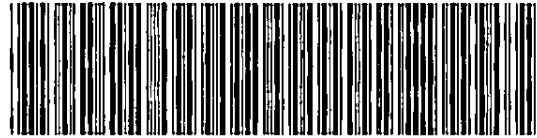
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PEB Vacations, LLC
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:

Tina Mills
Name of Person

PEB Vacations
Firm/Company

465 Roberts Ave
Address

Louisville Ky 40241
City/State and Zip Code

tina.mills@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Mills at (502) 299-7251
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

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PCB Vacations, LLC

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	Scott Mills	5830 Cedar Grove Rd	<input checked="" type="checkbox"/> Add
		Shepherdsville Ky 40165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Savannah Mills	5830 Cedar Grove Rd	<input type="checkbox"/> Add
		Shepherdsville Ky 40165	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tina Mills	5830 Cedar Grove Rd	<input checked="" type="checkbox"/> Add
		Shepherdsville Ky 40165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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STCRAIRPORT

(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)

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 December 9, 2022

2 miles

Signature of a member or authorized representative of a member

Tina Mills

Typed or printed name of signee