

L23000018028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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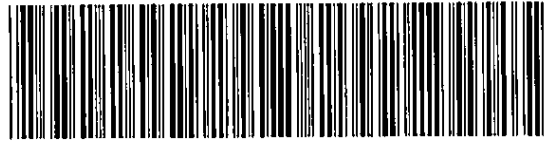
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

UNITED VACATION HOMES LLC

SUBJECT: _____
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:

JORGE GARZON

Name of Person

DISCOVER VACATION HOMES

Firm/Company

3211 VINELAND ROAD UNIT 347

Address

KISSIMMEE FL 34746

City/State and Zip Code

DISCOVERVACATIONHOMES@GMAIL.COM

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

For further information concerning this matter, please call:

MARIANNE GARZON 407 922-7694

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

UNITED VACATION HOMES 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 01/09/2023 and assigned
Florida document number 123000018028.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DISCOVER VACATION HOMES LLC

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)

3211 VINELAND ROAD UNIT 347

KISSIMMEE FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3211 VINELAND ROAD UNIT 347

KISSIMMEE FL 34746

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:

MARIANNE GARZON

New Registered Office Address:

3211 VINELAND ROAD UNIT 347

Enter Florida street address

KISSIMMEE

City

Florida

2023 FEB - 2 AM 8:11
FILED
SECRETARY OF STATE
34746
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.

Marianne Garzon
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 | MARIANNE GARZON | 3211 VINELAND ROAD UNIT 347 | <input type="checkbox"/> Add |
| | | KISSIMMEE FL 34746 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | JORGE GARZON | 3211 VINELAND ROAD UNIT 347 | <input type="checkbox"/> Add |
| | | KISSIMMEE FL 34746 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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E. Effective date, if other than the date of filing: _____ (optional)

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.

JANUARY 30

2023

Dated _____

Marionne
Signature of a member or authorized representative of a member

MARIANNE GARZON

Typed or printed name of signee