L23000052644

(Requ	uestor's Name)	
(Adda	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(333)		
(Doci	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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12/01/23--01034--005 **25.00

COVER LETTER

ro:

CO: Registration S Division of Co		
vacation ju	ınkie ilc	
SUBJECT:		nited Liability Company
he enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.
lease return all corresp	ondence concerning this matter	to the following:
	matthew deans	
		Name of Person
	vacation junkie IIc	
		Firm/Company
	750 collins ave	
		Address
	miami beach, fl 33139	
		City/State and Zip Code
	matt@vacationjunkie.store	to be used for future annual report notification)
or further information o	concerning this matter, please c	•
natthew deans		305 2056045
Name o	of Person	Area Code Daytime Telephone Number
nclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 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**

vacation junkie llc

	ny as it now appears on ou Liability Company)	1 Tecorus.)	
The Articles of Organization for this Limited Liability Company Florida document number L23000052644	were filed on $\frac{01/30/202}{}$	3	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designati	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	750 COLLINS AVE C	U1	
Principal office address MUST BE A STREET ADDRESS)	MIANI DEACHEEL 22120		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>
		antar the name	
	ddress on our records	, enter the name	of the new registe
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records	, enter the name	of the new registe
Name of New Registered Agent:	ddress on our records	, enter the name	of the new registe
gent and/or the new registered office address here:	Enter Florida stre		of the new registe
Name of New Registered Agent:			of the new registe
Name of New Registered Agent:		et address	of the new registe
Name of New Registered Agent:	Enter Florida stre	et address	

If Changing Registered Agent, Signature of New Registered Agent

f 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> Citle</u>	<u>Name</u>	Address	Type of Action
AMBR	KIMBERLY DEANS	5725 BRITTIAN DR. 27	
		WILMINGTON, NC 28409	■Remove
			□Add
			□Remove
			□Change
			□Add
			∐Remove
			□ Change
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fan effectiv <u>Note:</u> If th	date, if other than we date is listed, the dat he date inserted in the s effective date on t	e must be specific nis block does n	and cannot be pri- ot meet the appl	icable statutory fi	more than 90 days after ting requirements, this	filing.) Pursuant to 605.0207 date will not be listed as
record sp d is filed.	ecifies a delayed eff	fective date, but	not an effective	time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
NO	VEMBER 29	<i>,</i>	2023	_		
			_;	z •		

Typed or printed name of signee