L23000060376

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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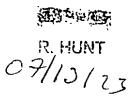




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COVER LETTER

TO:

LLC	
Name of Limited Liability Company	
fcc(s) are submitted for filing.	
g this matter to the following:	
HAMED	
Name of Person	
Firm/Company	
VAY	
Address	
JD,FLORIDA 34771	$\frac{1}{2}$
City/State and Zip Code	SSS P
SAINT CLOUD, FLORIDA 34771 City/State and Zip Code Oscid Articles of Amendment and fee(s) are submitted for filing. IMRAN MOHAMED Name of Person Firm/Company Address SAINT CLOUD, FLORIDA 34771	
	ne Number
int:	
of Status Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Street Address: Registration Section	
Division of Corporation	
	Name of Limited Liability Company ce(s) are submitted for filing. g this matter to the following: HAMED Name of Person Firm/Company VAY Address JD,FLORIDA 34771 City/State and Zip Code GMAIL.COM nail address: (to be used for future annual report notification) tter. please call:

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADX VACATION HOMES LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 02/01/2023 and assigned
Torida document number L23000060376	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	ipany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	iny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•~?
Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	Elea Po
(Mailing address MAY BE A POST OFFICE BOX)	F
	
B. If amending the registered agent and/or registered office address one of the new registered office address here:	on our records, enter the name of the new regis
	on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent: New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address Florida

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

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>	Address	Type of Action
MGR	JINA POLUS	10 GLEN ABBEY TRAIL KLEINBURG, ONTARIO) _ ≘ Add
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record specifies a delayed efferis filed.	ective date, but no	ot an effective	e time, at 12	::01 a.m. on	the earlier o	of: (b) The	: 90th d	ay after the
JUNE 23		2023	<u>/</u>					
ated		411						

Filing Fee: \$25.00