# 123000069327

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## COVER LETTER

|                          |  | ·   |  |
|--------------------------|--|---|--|
| :                        | Name of Lim  | ited Liability Company  | <del></del>  |
| ed Articles of           | Amendment and fee(s) are sub   | mitted for tiling.  |  |
| rn all correspo          | ndence concerning this matter  | to the following:   |  |
| •                        | Debra Josey  |   |  |
|                          |  | Name of Person  |  |
|                          |  | Firm/Company  | <del></del>  |
|                          | 109 Ambersweet Way #34   | 8   | 200<br>  |
|                          |  | Address   | 39 FE  |
|                          | Davenport, FL 33897  |   | 0023 FEB 27  |
|                          |  | City/State and Zip Code   | <b>;</b> *   |
|                          |  | L for future annual report notifi   | ention) In Inc.  |
| information c            |  |   | AH 9: 36   |
| зy                       |  | 689 698-2495  |  |
| Name o                   | f Person   | Area Code Daytime   | Telephone Number   |
| s a check for th         | ne following amount:   |   |  |
| ) 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) |
|                          |  | Street Address:<br>Registration Sec   | tion   |
| Division of Corporations |  | Division of Corp  | porations  |
|                          |  |   |  |
|                          | information of Cores a check for the Filing Fee egistration of Co. Box 632 | Name of Lim  ed Articles of Amendment and fee(s) are sub rn all correspondence concerning this matter  Debra Josey    Davenport, FL 33897 | information concerning this matter, please call:    Same of Person                         |

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Big R Vacations LLC   |   |                            |
|---|---|----------------------------|
| ( <u>Name of the Limited Liability Con</u><br>(A Florida Limit  | npany as it now appears on our records.)<br>ed Liability Company) | <del>.</del>               |
| The Articles of Organization for this Limited Liability Comparing document number 1.23000069327                     | my were filed on February 7, 2023                                 | and assigned               |
| This amendment is submitted to amend the following:   |   |                            |
| A. If amending name, enter the new name of the limited li   | ability company here:   |                            |
| The new name must be distinguishable and contain the words "Limited Li  | ability 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)   |   | <del></del>                |
|   | <del> </del>  | 123<br>F                   |
|   |   |                            |
| Enter new mailing address, if applicable:   |   | N 70                       |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>   |                            |
|   | ini .   | <u> </u>                   |
|   |   | ATE 36                     |
| B. If amending the registered agent and/or registered offic<br>agent and/or the new registered office address here: | ce 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:   |   | ·                          |
| New Registered Office Address:  |   |                            |
|   | Enter Florida street address                                      |                            |
|   | Florid  | ·                          |
|   | City  | 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.

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   |
|-------------------|-------------|-----------------------------------|--|
| AR ,Aishia Rankin |             | 938 East Swan Creek Rd, Suite 763 | □Add   |
|                   |             | Ft. Washington, MD 20744          | ≅Remove  |
|                   |             |                                   | □Change  |
|                   |             |                                   | □Add   |
|                   |             |                                   | □Remove  |
|                   |             |                                   | □Change<br>  S   |
|                   |             |                                   | Remove   |
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|                   |             | <u></u>                           | □Add   |
|                   |             |                                   |  |
|                   |             |                                   | Change   |

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| If amending any other informat   | ion, enter enange(s                          | y nere pinaen adam                    | mar oncess, y neces                   |                                 |                |
|--|--|---------------------------------------|---------------------------------------|---------------------------------|----------------|
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| <u>.</u>   |  |                                       |                                       |                                 | _              |
| Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Dehne record specifies a delayed. The 90th day after the record. | eck does not meet the partment of State's re | applicable statutory filir<br>ecords. | ng requirements, this o               | date will not be l              | isted as t     |
| February 21  | 2023   |                                       |                                       | 787<br>787                      | 3<br>0<br>3    |
| Dated  |  | ·                                     |                                       | SECK PALLY                      | ;<br>] ;=<br>] |
| Debra lour   |  |                                       |                                       | )                               |                |
| <del></del>  | Signature of a member of                     | or authorized representative          | e of a member                         | - Si Si A                       | Ŋ              |
| Debra Josey  |  |                                       |                                       | AM 9: 36<br>OF STATE<br>SEE, F. |                |
| <del></del>  | Typed o                                      | or printed name of signee             |                                       | 36                              | _              |

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Filing Fee: \$25.00