L23000128179

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COVER LETTER

TO:	Registration Se Division of Cor			,		
CUDII		ATION NAVIGATOR. LLC	٣			
201871	ECT:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	endence concerning this matter	to the following:			
		CORRINE GAXIOLA				
			Name of Person			
			Firm/Company			
		5139 LATROBE DR				
			Address			
	WINDERMERE, FL 34786					
			City/State and Zip Code			
		Administrator@Vacationed				
		E-mail address: (to be used for future annual report not	ification)		
For fu	rther information c	oncerning this matter, please c	all:			
CORRINE GANIOLA		415 743-0381				
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclos	sed is a check for the	he following amount:				
≡ \$2	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		Street Address:	i			
		Registration Se Division of Co				
	P.U. Box 032	•	The Centre of	•		
	Tallahassee			pe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE VACATION NAVIGATOR, 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 02/28/2023 and assigned Florida document number <u>L23000128179</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VACATIONED, 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address ___, Florida _ Cin

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

in amending Authorized reison(s) authorized to manage, enter the title, name, and address of each person being added of removed from our records:

MCK=	Manager		
AMBR =	Authorized	Member	

<u>Title</u>	Name	Address	Type of Action
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			БКенюче
			□ Change
			©Remove
			DChange
			JAdd
			ВКенюче
			© Change
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