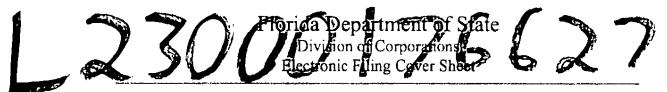
5/23/23, 1:29 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000189924 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

|--|

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN KEY TO FUN VACATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$55.00

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Help

S. ROBERTS

MAY 2.3 20%

TO:

From: Laura Rodriguez

### **COVER LETTER**

		tration Se ion of Cor				
SHRIFT	·"r.	KEY TO FUN VACATIONS LLC				
JUBJEC	-1	Name of Limited Liability Company				
The encl	osed .	Articl <b>e</b> s of	Amendment and fee(s) are sub	mitted for filing.		
Please re	tum a	ill correspo	ndence concerning this matter	to the following:		
			Cheyenne Moseley			
				Name of Person	·	
			Legalzoom.com, Inc.			
				Firm/Company	<del></del> ,	
			101 N Brand Blvd 11th Fl			
				Address		
			Glendale, CA 91203			
			8.6	City/State and Zip Code		
			flafamilytravels@gmail.com	n to be used for future annual report notification	<u> </u>	
For furth	ier înf	ormation c	oncerning this matter, please or			
Cheyenr	ne Mo	scley		800 773-0888		
		Name o	f Person	at () Area Code Daytime Tele	ephone Number	
Enclosed	l is a c	theck for th	ne following amount:			
□ <b>\$</b> 25.0	00 Fil	ing Fcc	S30.00 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)	
		Registr Divísio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURIER / Registration Section Division of Corporation Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000176627	were filed on 04/10/2023	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:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the al	
Enter new principal offices address, if applicable:	8958 W. STATE ROAD 84 #188	231.
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33324	
		J.)
Enter new mailing address, if applicable:	8958 W. STATE ROAD 84 #188	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33324	<del>ن</del> بن
		<del></del>
B. If amending the registered agent and/or registered of	Mce address on our records, enter	the name of th
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	•	
	, Florida	

#### 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:

2023-05-23 11:31:51 PDT

MGR = Manager AMBR = Authorized Member

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Kristen Rodriguez		🗆 Add
			Remove
		8958 W. STATE ROAD 84 #188, DAVIE, FL 33324	■ Change
			D Add
			Remove
			☐ Change
			Remove
			Change
<del></del>			Add
			Remove
			Change
			🖸 Add
			Remove
	•		Change
	<del></del>		D Add
			Remove
			Change

Dated 05/18/2023

Signature of a member or authorized representative of a member

Kristen Rodriguez

Typed or printed name of signee