## Florida Department of State Division of Comoralions

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Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FOLEY & LARDNER Account Number : I19980000047 Phone : (407)423-7656 Fax Number : (407)648-1743

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

RCaron@foley.com Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VACATION PROPERTY RESALES, LLC

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Help

6-1102-5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VACATION PROPERTY RESALES	S, LLC		
(Name of the Limiter	Liability Compa VFlorida Limited 1	ny a <u>s it now appears on our records.</u> ) Liability Company)	
The Articles of Organization for this Limited Lin	bility Company	were filed on	and assigned
	·		
This amendment is submitted to amend the follow	vingt		
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company here:	
he new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applical	ble:	5337 Millenia Lakes Blvd, Suite 225	<del></del>
Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32839	23
			.,,
Enter new mailing address, if applicable:		5337 Millenia Lakes Blvd, Suite 225	- 7
(Mailing address MAY BE A POST OFFICE BOX)		Orlando, FL 32839	_
	•		2
<ol> <li>If amending the registered agent and/or regent and/or the new registered office address</li> </ol>	gistered office : <u>here</u> :	address on our records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	Bert Blicher	<del></del>	·
New Registered Office Address:	5337 Millenia Lakes Blvd, Suite 225		
		Enter Fiorida street adaress	
	Orlando	, Florida 329	339
		Cig	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

But Blest

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
AMBR	Nesor Partners LLC	5337 Millenia Lakes Blvd. Suite 223	
		Orlando, Fi. 32839	□Remove
			]Change
Authorized Representative	Bert Blicher	5337 Millenia Lakes Blvd. Suite 225	<b>=</b> Add
		Orlando, FL 32839	□ Remove
			□Change
AMBR	Wesley Kogelman	5406 Hoover Blvd., Unit 5	⊐Add
		Tanipa, FL 33634	<b>≡</b> Remove
			□ Change
	•	, <u></u>	Change
			'Add
		□Remove	
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ffective date, if other than the data must state. If the date inserted in this blockward on the Department's effective date on the Department's	k does not meet the applicable sta	of filing or more than 90 days all attory filing requirements.	otional) ler filing.) Pursuant to 605.020 this date will not be listed a
record specifies a delayed effective Lis filed.	date, but not an effective time, at	12:01 a.m. on the earlier of:	(b) The 90th day after the
	2023		
October 12 rated			
October 12  Dated	But Blink ignature of a member or authorized re	12	

Filing Fee: \$25.00