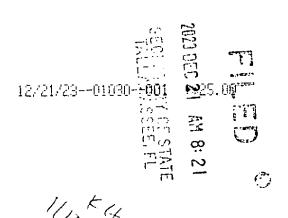


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COVER LETTER

Division of Co					
SUBJECT:	ACATION HOMES, LLC				
	Name of lim	ited Liability Company			
	Amendment and fee(s) are sub-	_			
Please return all corresp	ondence concerning this matter	to the following:			
	STEPHANIE VALDEZ				
		Name of Person			
	HARDING BELL INTERS	NATIONAL, INC.			
	·	Firm/Company			
	U3 PONTOTOC PLAZA				
		Address	·		
	AUBURNDALF, FL 3382	3			
		City/State and Zip Code		~	
	BUSINESSSERVICES@HI			S 23	
For further information of	E-mail address: (a concerning this matter, please ca	o be used for future annual report notifies II:	ation)	2023 DEC 2	Erive Security
STEPHANIE VALDEZ		863 968-1010		公司 至	r T
Name o	f Person	at ()	elephone Number	H 8: 2 F STAT	
				21 FL	0
Enclosed is a check for the	he following amount:			1	الزية
■ \$25.00 Filing Fee	 \$30.00 Filing Fee & Certificate of Status 	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	C \$60.00 Filing Fe Certificate of \$1 Certified Copy tadditional copy is	tatus &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LILIPI: VACATION HOMES, LLC			
(Nume of the Limited Liability Comp (A Florida Limited	pany as it now appears on our I Liability Company)	records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on OCTOBER	9, 2023 and assigned	
Florida document number 1.23000464426			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
the new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	5"H C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)	·· - <u></u>		_
Enter new mailing address, if applicable:			- 5
(Mailing address MAY BE A POST OFFICE BOX)			7 5
			? <u>.</u>
			r
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,		
agent and/or the new registered office address here:		133 133 - 130 (11
		ـــــــــــــــــــــــــــــــــــــ	2
Name of New Registered Agent:	·		H '
New Registered Office Address:			
	Enter Florata street	address	•
		Florida	
	City	Lip 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

Title	<u>Name</u>	Address	Type of Action
AMBR	FILIPE P DE AZGUEDO	RUA DANIEL BARRETO DOS SANTOS 137	
		CASA 20	
		RIO DE JANEIRO, CEP22783560, BR	Change
AMBR	FILIPE PIDE AZEVEDO	RUA DANIEL BARRETO DOS SANTOS 137	≒i∧dd
		CASA 20	C!Remove
		RIO DE JANEIRO, CEP22783560, BR	CChange
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			Change

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. If amending any other inf			ic. imacrica	addiones sneets, y	necessary.)	
							
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Effective date, if other than	the date of fili	ina.				· ਜੀ	•
If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific a	and cannot be prior	to date of filing o able statutory fi	r more than 90 days a	otional) tter filing.) Pu this date wil	rsuant to 605 0207 I not be listed as	7 (3)(l the
e record specifies a delayed effe rd is filed							
Dated	<u></u>	1 1 July 2		, j			
	Signature of ;	member or autho	rized representati	ve of a member		 -	
	_ []	D: A7.	< 5 ₁				
		Typed or printed	J name of signee				