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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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2024 DEC 13 PH 2: 1 SECRETARY OF STA

## **COVER LETTER**

Registration Section Division of Corporations

TO:

HAUS VA SUBJECT:	CATIONS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EMILY K VU		
		Name of Person	
	HAUS VACATIONS LLC		
		Firm/Company	
	2424 WHIPPOORWILL O	TIR, SUITE 3	
		Address	
	SARASOTA, FL 34231		
	_	City/State and Zip Code	
	EMILYKVU@GMAIL.CC	iM	
		to be used for future annual report notification)	}
For further information of	concerning this matter, please c		-
EMILY K VU		941 928-0368 = 50	در سر
Name o	f Person	941 928-0368  at ()  Area Code Daytime Telephone Number	orc 13 PH 2: 19
Enclosed is a check for t	he following amount:	. tai	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	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

HAUS VACATIONS LLC		

( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited L	ny as it now appears on our records.) Hability Company)					
The Articles of Organization for this Limited L	iability Company	were filed on DECEMBER 11, 20	)23	and ass	igned		
This amendment is submitted to amend the foll	owing:						
A. If amending name, enter the new name of	of the limited <u>liabi</u>	lity company here:	,				
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC" of	or the abbrevi	ation "L.	L.C."		
Enter new principal offices address, if applie	cable:	2424 WHIPPOORWILL CIR					
		SUITE 3					
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:  EMILY K VU	SARASOTA, FL 34231						
Enter new mailing address, if applicable:		2424 WHIPPOORWILL CIR					
· · · · · · · · · · · · · · · · · · ·	BOX)	SUITE 3					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>	SARASOTA, FL 34231	<del>,</del>				
agent and/or the new registered office addre	•	ddress on our records, <u>enter th</u>	e name of	the nev	<u>v registered</u>		
New Registered Office Address:	2424 WHIPPOO	ORWILL CIR, SUITE 3	TAT	24 D			
	SARASOTA	Enter Florida street address Flor	1-E > 1- 34231	EC 13	e problé e problé e problé		
		City , Flor		ip Code			
New Registered Agent's Signature, if changing	Registered Agent:		(1) (A)	of the new registered  Zip Code  Zip Code  Property with the miliar with and  Cthis document is			
I hereby accept the appointment as registere provisions of all statutes relative to the propaction of the propaction as registery the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as pregistered office change.	performance of my duties, and provided for in Chapter 605, F. address, I hereby confirm that	I am famil S. Or, if th the limited	liar wit is docu l liabili	th and ument is ity		
	If Chan	ging Registered Agent, Signature of S	vew Register	<u>eu Agen</u>	<u>.</u>		

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>	<u>Address</u>	Type of Action
MGR	DAVID PHAM	4411 BEE RIDGE RD, #633	
		SARASOTA, FL 34233	Remove
			Change
MGR	EMILY K VU	2424 WHIPPOORWILL CIR	≅Add
		SUITE 3	□Remove
		SARASOTA, FL 34231	□Change
		_	□Add
			□Remove
		<del></del>	Change
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			Remove
			SECRETARY SECRETARY
			HARY 3 Remove  E S 2: GChange
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			Remove
			□Change

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an effective date	if other than the is listed, the date mus	t be specific and	cannot be prior	to date of filing of	or more than 90 d	lavs after fil	ing I Pursi	Ent to 60	)5,020
<u>iote:</u> If the date ocument's effec	nserted in this bloomer tive date on the Do	ock does not n epartment of S	neet the applications are applied to the second section of the sec	able statutory f	iling requireme	ents, this di	ate will it		stedia.
		•					ARRA	ယ	*
record specifies	a delayed effectiv	e date, but not	an effective ti	me, at 12:01 a.	m. on the earli	er of: (b)	The 20th	day aft	er-the
l is filed.							E C	$\dot{\wp}$	20-18-4
DECEMI	BER 5		2024					19	
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		Signature of a n	nember or autho	rized representa	tive of a member	r			