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COVER LETTER

Division of Corporations CAYR VACATION RENTALS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: THOMAS LANE Name of Person Firm/Company 6361 76TH AVE N Address PINELLAS PARK, FL 33781 City/State and Zip Code THOMASALANE@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: THOMAS LANE Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee. □ \$25.00 Fiting Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

CAYR VACATION RENTALS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The translation of the state of	, ₍ ,	
The Articles of Organization for this Limited Liability Company wer	re filed on 12/18/2023	and assigned
Florida document number 23000555328		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
CAYA VACATION RENTALS, LLC		
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRESS)		75 <u>7</u>
_		<u> </u>
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		
_		27
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		•••
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:		idaZip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
			□ Remove
			□Add
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ective date, if other than the effective date is listed, the date in	ust be specific and	d cannot be prior t	o date of filing or m	ore than 90 days afte	r filing.) Pursuant to	605.020
e: If the date inserted in this lument's effective date on the			ble statutory filin	g requirements, th	is date will not be	listed a
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cord specifies a delayed effect s filed.	ive date, but not	t an effective tin	ne, at 12:01 a.m.	on the eartier of: (b) The 90th day a	itter the
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Typed or printed name of signee