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(Requestor's Name)
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# COVER LETTER

SUBJECT:	VOF - VISIT ORLANDO	FLORIDA LLC	
SUBJECT:	Name of Lim	ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	N	MICHELLY FERREIRA	
		Name of Person	
	СА	MPANA GROUPS LLC	
		Firm/Company	
	302.	3 BURTON POINT COUI	RT.
		Address	
	WA	XHAW, NC 28173	
	MICH	City/State and Zip Code	HPS COM
		•	
For further information c	oncerning this matter, please ca	all:	
		at (954)	228 - 0706
Name o	BIECT: VOF - VISIT ORLANDO FLORIDA LLC  Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  see return all correspondence concerning this matter to the following:  MICHELLY FERREIRA  Name of Person  CAMPANA GROUPS LLC  Firm/Company  3023 BURTON POINT COURT  Address  WAXHAW, NC 28173  City/State and Zip Code  MICHELLY@CAMPANAGROUPS.COM  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  MICHELLY FERREIRA  Name of Person  at (954)  Area Code  Daytime Telephone Number		
Enclosed is a check for the	ne following amount:		
★ \$25.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status & Certified Copy

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOE VISIT ODLANDO ELODIDA LLO

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appead Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on	02/08/2024	and assigned
Florida document numberL24000072289			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	ere:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			24
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			沙 30 =
2-4			ក្រ។
Enter new mailing address, if applicable:			- 177 - 179
Mailing address MAY BE A POST OFFICE BOX)			<u> 등의 년</u> 교급 3
			<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:		records, enter the na	me of the new regis
Name of New Registered Agent.	<del></del>		
New Registered Office Address:		MON COVE DR	
	WINDERMER	r	34786 UN
·	City	E, Florida _	Zin Cade

#### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RUFFATO FAVORETO, CARLOS JOSE	7861 BERKSHIRE OAK ALY	□Add
		WINDERMERE FL 34785	□Remove
			<b>X</b> Change
			□Add
			🗆 Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
×			□Change
·			□Add
			Remove
			□Change

Note: If the document's electric document's electric document is electric document.	
K ffective	ate if other than the date of filing:  (antional)
Note: If t	ate, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	JULY 29 2024
	Signature of a member or authorized representative of a member

Typed or printed name of signee

# **COVER LETTER**

	tion Section of Corporations
SUBJECT:	VOF - VISIT ORLANDO FLORIDA LLC
	Name of Limited Liability Company
	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	MICHELLY FERREIRA
	Name of Person
	CAMPANA GROUPS LLC
	Firm/Company
	3023 BURTON POINT COURT
	Address
	WAXHAW, NC 28173
	City/State and Zip Code
	MICHELLY@CAMPANAGROUPS.COM  E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
	CHELLY FERREIRA at (954) 228 - 0706  ame of Person Area Code Daytime Telephone Number
	Dayune receptione Number
Enclosed is a check	for the following amount:
	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahaccee El 32214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	VISIT ORLANDO FLORI		
(Name of the Limited Liab) (A Flori	lity Company as it now appea da Limited Liability Company)	rs on our records.)	<del></del>
he Articles of Organization for this Limited Liability	Company were filed on	02/08/2024	and assigned
lorida document number	·		_
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the lin	nited liability company h	ere:	
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
nter new mailing address, if applicable:		<del></del>	
Nailing address MAY BE A POST OFFICE BOX)	<del>,</del> ,		,
. If amending the registered agent and/or registered and/or the new registered office address here:	ed office address on our r	ecords, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:	ALAN DOS S	SANTOS SILVA	<u>-</u>
New Registered Office Address:	12714 SALO	MON COVE DR	
	Enter Flor	ida street address	
	WINDERMERE	, Florida _	34786 UN
	City		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.

Zip Code

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	RUFFATO FAVORETO, CARLOS JOSE	7861 BERKSHIRE OAK ALY	□Add
		WINDERMERE FL 34785	□Remove
			X Change
			ПRетоvс
			□Change
			□ Add
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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an effect <u>Note:</u> If	date, if other than the date of filing:	0207 d as
If the record s record is filed	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the