

L24000439387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

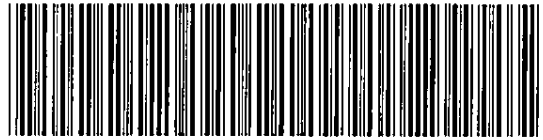
(Document Number)

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J. HORNE  
DEC 12 2024

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200439506982

FILED  
2024 NOV 15 PM 4:17  
NOTICE OF FILING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEST RENTAL VACATION LLC

\_\_\_\_\_  
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:

CASSIA DOSSANTOS

\_\_\_\_\_  
Name of Person

D.SPARK SERVICES LLC

\_\_\_\_\_  
Firm/Company

771 S. KIRKMAN RD / SUITE 106

\_\_\_\_\_  
Address

ORLANDO / FL / 32811

\_\_\_\_\_  
City/State and Zip Code

DSPARKBUSINESS@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CASSIA DOSSANTOS

-407 669-2090

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration 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**

BEST RENTAL VACATION LLC

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

FILED  
2024 NOV 15 PM 4:17  
CLERK OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/14/2024 and assigned  
Florida document number L24000439387.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)**

1842 THETFORD CIR

ORLANDO, FLORIDA 32824

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1842 THETFORD CIR

ORLANDO, FLORIDA 32824

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.*

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

NEW PRINCIPAL ADDRESS 1842 THETFORD CIR, ORLANDO, FLORIDA 32824

NEW MAILING ADDRESS 1842 THETFORD CIR, ORLANDO, FLORIDA 32824

**E. Effective date, if other than the date of filing: 11/08/2024 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOV.08 2024

NICELIA BORGES SCHULTZ  
Signature of a member or authorized representative of a member

NICELIA BORGES SCHULTZ  
Typed or printed name of signer

**Filing Fee: \$25.00**