

MD9000003458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

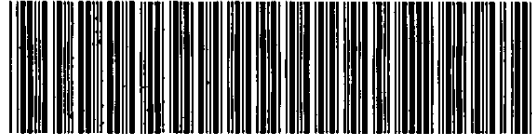
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2016 JUL 20 P 4: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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JUL 21 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2016

SANDRA BROWN  
INTERVAL INTERNATIONAL INC  
6262 SUNSET DRIVE  
MIAMI, FL 33143

SUBJECT: ASTON HOTELS & RESORTS, LLC  
Ref. Number: M09000003458

We have received your document for ASTON HOTELS & RESORTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 416A00009725

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ASTON HOTELS & RESORTS, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**SANDRA BROWN**

Name of Person

**INTERVAL INTERNATIONAL, INC.**

Firm/Company

**6262 SUNSET DRIVE**

Address

**MIAMI, FL 33143**

City/State and Zip Code

**sandra.brown@intervalintl.com**

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

For further information concerning this matter, please call:

**SANDRA BROWN**

Name of Person

at ( **305** ) **925-7011**

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: ASTON HOTELS & RESORTS, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000003458

3. Jurisdiction of its organization: HAWAII

4. Date authorized to do business in Florida: 09/02/2009

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: AQUA-ASTON HOSPITALITY, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

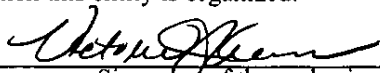
\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

\_\_\_\_\_

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.



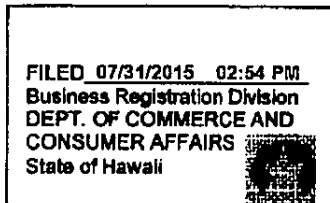
Signature of the authorized representative

VICTORIA J. KINCKE, MANAGER

Typed or printed name of signee

Filing Fee: \$25.00

FILED  
2016.08.20 P 4:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



CTIONS.COM  
25.00

Internet FORM LLC-2  
0731201545706 7/2008

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No.(808) 586-2727

**ARTICLES OF AMENDMENT TO CHANGE LIMITED LIABILITY COMPANY NAME**  
(Section 428-204, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, for the purpose of amending the articles of organization, do hereby as follows:

20422C5

1. The present name of the limited liability company is:  
ASTON HOTELS & RESORTS, LLC
2. The name of the limited liability company is changed to:  
AQUA-ASTON HOSPITALITY, LLC
3. The amendment was adopted with the consent of all, or a lesser number of, the members of the limited liability company as authorized by the operating agreement.

We certify, under the penalties set forth in the Hawaii Uniform Limited Liability Company Act, that we have read the above statements, we are authorized to make this change, and that the statements are true and correct.

Signed this 31 day of JULY 2015

KELVIN BLOOM **Manager**

(Type/Print Name & Title)

(Type/Print Name & Title)

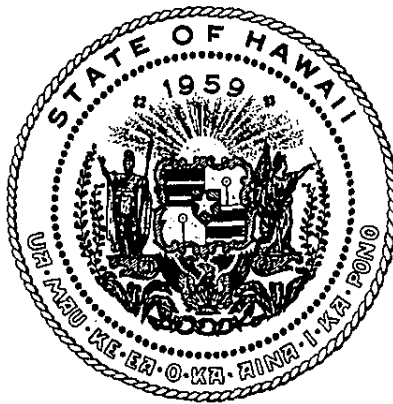
KELVIN BLOOM

(Signature)

(Signature)

07/31/201545706

**FILED**  
2015 JUL 20 P 4:14  
SECRETARY OF STATE  
HAWAII, FLORIDA



## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

AQUA-ASTON HOSPITALITY, LLC

was organized under the laws of the State of Hawaii on 05/31/2002 ;  
that it is an existing limited liability company in good standing  
and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set  
my hand and affixed the seal of the  
Department of Commerce and Consumer  
Affairs, at Honolulu, Hawaii.

Dated: April 29, 2016

Director of Commerce and Consumer Affairs