

MD9000003458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

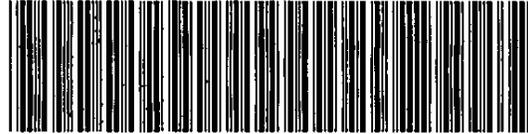
(Business Entity Name)

(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 at (305) 925-7011
Name of Person 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

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TALLAHASSEE, FLORIDA

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>
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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.

Victoria J. Kincke

Signature of the authorized representative

VICTORIA J. KINCKE, MANAGER

Typed or printed name of signee

2011 JUN 20 P 4: 14
 FILED
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

FILED 07/31/2015 02:54 PM
Business Registration Division
DEPT. OF COMMERCE AND
CONSUMER AFFAIRS
State of Hawaii

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

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SECRETARY OF STATE
TALLAHASSEE, 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

