

M19000011731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

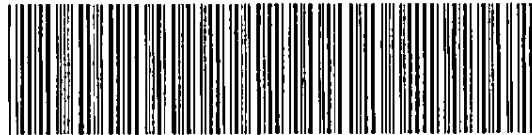
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File Amendment AR

Office Use Only



300351848263

FILED
2020 SEP 11 PM 1:08
TALLAHASSEE, FLORIDA

V. SULKER
OCT 28 2020

FILED
2020 SEP 11 AM 9:21
TALLAHASSEE, FLORIDA

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 9/11/2020

Acc#120160000072

mic SW

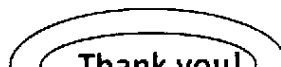
Name:	WMPH VACATIONS, LLC
Document #:	
Order #:	13206488

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2020

C T CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: WMPH VACATIONS, LLC
Ref. Number: M19000011731

We have received your document for WMPH VACATIONS, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

This is an out dated form. You either need to complete an amendment form or file an amended annual report.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00017407

RECEIVED
2020 OCT 27 PM 1:09

**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: WMPH Vacations, 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: M19000011731

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 12/10/2019

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

5. New name of the limited liability company: _____
(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)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Brian Fontana</u>	<u>7720 N Dobson Rd, Scottsdale, AZ 85256</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>Michael Nelson</u>	<u>7720 N Dobson Rd, Scottsdale, AZ 85256</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>Director</u>	<u>Brian Fontana</u>	<u>7720 N Dobson Rd, Scottsdale, AZ 85256</u>	<input type="checkbox"/> Add
			<input checked="" 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.

Brian Fontana
Signature of the authorized representative

Brian Fontana

Typed or printed name of signer

Filing Fee: \$25.00