

M20000008429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

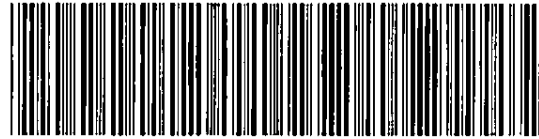
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/04/25- -01031--017 **\$5.00

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2025 FEB -4 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FL

S. ROBERTS

MAR 11 2025



January 28, 2025

VIA USPS:

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

RE: Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida

Dear Sir/Madame:

Please see enclosed Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida for Blue Horseshoe Travel, LLC., who is changing their name to Vacation Escape, LLC. Also, enclosed is a Certificate of Amendment from the state of origin stating that the name change has been completed.

If you have any question or if you should need anything else, please contact me via email jesmith@capitalvacations.com or by phone at 843-449-6500 ext. 3337.

Best Regards,

A handwritten signature in black ink, appearing to read 'Jennifer Smith'.

Jennifer Smith

Corporate Paralegal

Capital Vacations, LLC

jesmith@capitalvacations.com

Enclosures: Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida and Check for fees.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Horseshoe Travel, 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:

Jennifer R. Smith

Name of Person

Blue Horseshoe Travel, LLC

Firm/Company

2024 Corporate Centre Dr, Suite 101

Address

Myrtle Beach, SC 29577

City/State and Zip Code

jesmith@capitalvacations.com

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

For further information concerning this matter, please call:

Jennifer Smith

Name of Person

at (843) 449-6500 x 3337
Area Code & Daytime Telephone Number

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

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: Blue Horseshoe Travel, LLC

Enter new principal office address, if applicable: 4951 Calypos Cay Way

Kissimmee, FL 34746

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4951 Calypos Cay Way

(Mailing address

MAY BE A POST OFFICE BOX)

Kissimmee, FL 34746

2. The Florida document number of this limited liability company is: M20000008429

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 9/25/2020

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

5. New name of the limited liability company: Vacation Escapes, 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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SECRETARY OF STATE
TALLAHASSEE, FL

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
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_____	_____	_____	<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
Jason Shroff

Typed or printed name of signee

Filing Fee: \$25.00

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: BLUE HORSESHOE TRAVEL, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

First: The name of the limited liability company is
Vacation Escapes, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 27th day of December, A.D. 2024.

By: *Robin Jones*
Authorized Person(s)

Name: Robin Jones
Print or Type