

PD1000089707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

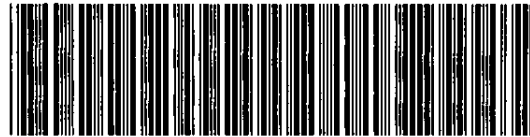
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/03/12--01018--013 **35.00

Amended
8-7-12

FILED
2812 AUG -3 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INTERNATIONAL VACATION CLUB INC.

DOCUMENT NUMBER: P01000089707

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUCY DELGADO
Name of Contact Person

INTERNATIONAL VACATION CLUB INC.
Firm/ Company

1574 WASHINGTON AVENUE
Address

MIAMI BEACH, FL. 33139
City/ State and Zip Code

INTERNATIONALVACATIONCLUB@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW DIXON at (407) 965 8906
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
2012 AUG -3 AM 8:55
SECRETARY OF THE
TALLAHASSEE, FLORIDA
NC.

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|-------------------------|----------------------------------|
| 1) <input type="checkbox"/> Change | <u>D</u> | <u>JESSICA AGUIRRE</u> | <u>19501 W. COUNTRY CLUB DR</u> |
| <input checked="" type="checkbox"/> Add | | | <u>AVENTURA.</u> |
| <input type="checkbox"/> Remove | | | <u>FL 33180</u> |
| 2) <input type="checkbox"/> Change | <u>D</u> | <u>MATT DIXON</u> | <u>19501 W. COUNTRY CLUB DR.</u> |
| <input checked="" type="checkbox"/> Add | | | <u>AVENTURA.</u> |
| <input type="checkbox"/> Remove | | | <u>FL 33180</u> |
| 3) <input type="checkbox"/> Change | <u>D</u> | <u>LIZABETH VERSANO</u> | <u>17100 N. BAY DR APT 1215</u> |
| <input checked="" type="checkbox"/> Add | | | <u>SUNNY ISLES BEACH</u> |
| <input type="checkbox"/> Remove | | | <u>FL. 3</u> |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 07/31/2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 07/31/2012

Signature Lucy Delgado
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

LUCY DELGADO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)