

PO6000038501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

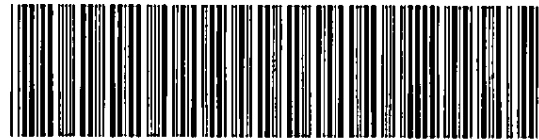
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JAN 11 AM 11:14

CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

JAN 18 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AMIGO REALTY AND PROPERTY MANAGEMENT, INC

DOCUMENT NUMBER: P06000038501

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

Please return all correspondence concerning this matter to the following:

MANUEL GONZALEZ

Name of Contact Person

Firm/ Company

18011 S TAMiami TrL, STE 16-99F

Address

FORT MYERS FL 33908

City/ State and Zip Code

MANNYGREALTOR@AOL.COM

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

For further information concerning this matter, please call:

MANUEL GONZALEZ

at (239) 707-7967

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:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$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

HOLIDAY RENTALS BY OWNER LLC

18011 S Tamiami Trl , Ste 16-99F

Fort Myers FL 33908

Phone: (239) 707-7967

Fax: (239) 495-9554

To : Florida Department of State Division of Corporations Amendment Section

This letter of explanation is a letter of authorization for a RELEASE of the Name of this LLC - Holiday Rentals by Owner and allow the name to be used as new name for Amigo Realty and Property Management, Inc.

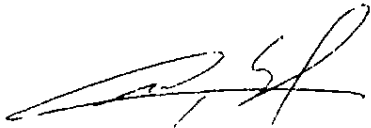
I, the undersigned Manuel Gonzalez, am the Owner of both entities. I am the General Partner and owner of MEIM Investment LP , (the authorize member and owner of this Entity Holiday Rentals by Owner LLC), and also the President and Owner of Amigo Realty and Property Management.

After filing this entity Holiday Rentals by Owner LLC, we were advised by our legal team, that would be better use for our business our old corporation, that have everything in place since 2006.

Since we want to use this name, we decided to change the name of this entity to Horebo LLC , and then using the name Holiday Rentals by owner as a new name for our Amigo Realty and Property Management, Inc.

I placed a phone call to the Division of Corporations and was explained , that a name release letter of explanation is needed. That is the reason of this letter.

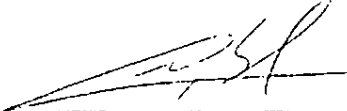
Any questions, please contact me.



12/23/18

Manuel Gonzalez ,

GP of MEIM Investment LP (AMBR of Holiday Rentals by Owner LLC)



12/23/18

Manuel Gonzalez

as President for Amigo Realty Property Management Inc

Articles of Amendment
to
Articles of Incorporation
of

AMIGO REALTY AND PROPERTY MANAGEMENT, INC

FILED

2019 JAN 11 AM 11:14

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

P06000038501

ALL OF STATE
TALAHASSEE, FL

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

HOLIDAY RENTALS BY OWNER, INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 DECEMBER 28TH, 2018 _____

Signature _____

(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)

MANUEL GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)