715000065289

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300279957263

300279957268 12/21/15--01056--018 **43.75

15 DEC 21 PH 3: 07

brund

DEC 2 3 2015 D CUSHING

COVER LETTER

Division of Corporations Luxury Vacation Club. INC DOCUMENT NUMBER: P1500006528 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Luxury Vacation Club. Inc

3477 Forest Kidge Lane

Address

Kissimmee, Florida 34741

City/State and Zip Code dinelia Q luxvax.com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$43.75 Filing Fee & 2843.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

Articles of Amendment

to
Articles of Incorporation of

Luxury Vacati	ion Club.	Inc			
Luxury Vacati P1500006	f Corporation as curre	ently filed with the Florida I	Dept. of State)		
<u> </u>					
	(Document Numbe	er of Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:			n adopts the fo	llowing ame	ndment(s) t
A. If amending name, enter the new na	me of the corporation:				
				The	-
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional association	ation "Corp," "Inc," o tion," or the abbreviatio	or "Co". A professional cor	orporatea or poration name	must contai	n the
B. Enter new principal office address, i (Principal office address MUST BE A ST					
					
C. Enter new mailing address, if appli (Mailing address MAY BE A POST C					
D. If amending the registered agent an new registered agent and/or the new	v registered office add	ress:	·		
Name of New Registered Agent	Dinelia	Castillo			
	5135 I	(astillo nternational a street address)	DRIVE	Ste 8	,
	(Florida	a street address)			_
New Registered Office Address:	Orlando		, Florida	32819	7
		(City)		(Zip Code)	ń
					חבר ביון
New Registered Agent's Signature, if cl	hanging Pagistared Ag	ant.			O *******
I hereby accept the appointment as regist			tions of the po	sition.	}
		_		145	E T
	Dlinelia	Custilla		الله الله الله الله الله الله الله الله	ည္ ဂ်.ဲ ⊃

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.

wike Jones, r as Remo	ve, una sany smi	iin, 3v us un Aua.	
Example: X Change	PT John	n Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	Address
l) Change	VP	Gabriel Wajner	5135 International Drive
Add Remove			5135 International Drive Suite 8 Orlando, F1:32819
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If amendi</u> (Attach <i>aa</i>	ing or adding additional Articles, enter change(s) here: Iditional sheets, if necessary). (Be specific)
(remon au	isinonal sheets, if hecessary). (be specifie)
	NIA
	
If an ame	ndment provides for an exchange, reclassification, or cancellation of issued shares,
provisio	ns for implementing the amendment if not contained in the amendment itself:
(if ne	ot applicable, indicate N/A)
	N A
_	
	/

The date of each amendment(s) adoption:date this document was signed.	12	i0	2015		, if other than the
Effective date if applicable:	12	10/2	2015		
	no more than	90 days	after amendment f	île date)	
Note: If the date inserted in this block does not document's effective date on the Department of Sta		licable s	tatutory filing requ	irements, this date w	vill not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)				
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for app		he numb	er of votes cast for	the amendment(s)	
☐ The amendment(s) was/were approved by the sl must be separately provided for each voting gr					
"The number of votes cast for the amendn	nent(s) was/w	ere suffi	cient for approval		
by				,	
(voling	group)				
☐ The amendment(s) was/were adopted by the boa action was not required.	ard of director	rs witho	ut shareholder actic	on and shareholder	
The amendment(s) was/were adopted by the incaction was not required.	orporators wi	thout sh	areholder action an	d shareholder	
Dated Decemb	er 14,	201	5		
Signature _ Linelra	- Cast	ill	<u>~</u>		
(By a director, preside selected, by an incorpo appointed fiduciary by	nt or other off orator — if in t	ficer – if he hand	directors or officer		
	nelia	Co	utillo		
(Ту	ped or printed	i name o	of person signing)		୍ର 15
PR	eside	nt		r	
	(Title	of pers	on signing)		Arrange and a second a second and a second a
					7 P
					ာ မေ

12/10/2015

To whom it may concern,

This letter is to certify that I, Gabriel Wajner, resign to my position at Luxury Vacation Club ("Company") and relinquish any interest, financial or otherwise, to the Company.

On my own will, I also wish to be removed a	as a partner of the Company.
I understand that I am swearing or affirming u	nder oath to the truthfulness of the claims made in this notice.
Signature	12 10 15 Date
Printed Name: Gabriel Wajner Address: 11423 Willow Gardens Drive City, State, Zip: Windermere, FL 34786 Telephone Number: 239-298-1252	
STATE OF FLORIDA COUNTY OF Sange	
Sworn to or affirmed and signed before me on by Cabricl Ukiner.	12/10/2015
My Comm. Expires December 27, 2015 EE 146656 OUBLICATION PROPERTY OF FLORIDARY PROPERTY	NOTARY PUBLIC or DEPUTY CLERK Amix Vishmagura [Print, type, or stamp commissioned name of notary or clerk]
Personally known	•
Produced identification	

Type of identification produced FULL W256 - 280 - 6/-285-0