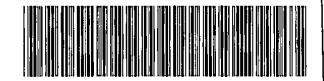
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: GARDENIA VAC	ATION HOME	ES, INC.	, <u>.</u>
DOCUMENT NUME	P16000094743	,		
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ng.	
Please return all corres	pondence concerning this mat	tter to the follo	wing:	
	MARSHA SIHA			
		Name of Co	ontact Persor	1
	INCFILE.COM LLC			
		Firm/ (Company	
	17350 STATE HWY 249 S		scantismi,	
			dress	
	HOUSTON, TX 77064	710		
•		City/ State:	and Zip Code	p
		City, State	and zap cod	
EFILI	E1234@INCFILE.COM			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	n concerning this matter, pleas	se call:		
MARSHA SIHA			888	462-3453
Name e	at+	\	de & Daytime Telephone Number	
				20
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy il copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u> ai	ling Address		Street	Address
Amo	endment Section			Iment Section
	sion of Corporations . Box 6327			on of Corporations
P.O. Tall			i Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GARDENIA VACATION HOMES, INC.



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

P16000094743				星
(Docur	nent Number of Cor	poration (if known)		-
Pursuant to the provisions of section 607,1006, Floridate Articles of Incorporation:	a Statutes, this <i>Flor</i>	ida Profit Corporation	adopts the follow	wing amendmi
. If amending name, enter the new name of the co	orporation:			
				The nev
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp ord "chartered," "professional association," or the	o, " "Inc." or "Co".	. A professional corpo	porated" or the oration name mi	e abbreviation ist contain the
Enter new principal office address, if applicable				
^o rincipal office address <u>MUST BE A STREET ADI</u>	<u>DRESS</u>)			
	-	***	_	
	_		<u>-</u>	
. Enter new mailing address, if applicable:				
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>) _			
	-			
	_			
). If amending the registered agent and/or registe	ered office address	in Floridy, enter the n	ame of the	
new registered agent and/or the new registered		m roman, ence and a	anc or the	
Name of New Registered Agent				
				
	(Florida street a	ddress)		
New Registered Office Address:			, Florida	
Sen Registered Office Authors.	(Ciry	r)		Lip Code)
	antonomical America			
lew Registered Agent's Signature, if changing Rep hereby accept the appointment as registered agent.		and accept the obligation	ons of the positio	m.
	-			
01	notice of M D	and Anna Halana		
Sigi	nature of New Kegis	tered Agent, if changing	K	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, 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 = C Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. The 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 Cha. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Rema Example:	we, and Salij	y Smith, SV as an Ada.		
X Change	<u>PT</u>	John Doe		
X Remove	<u>Y</u>	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P,D	LINH NAM NGUYEN	7988 HORSE FERRY RD	
X Add			ORLANDO, FLORIDA 32835	
Remove				
. 2) Change	PVST	MARTHA HIEP NGUYEN	15160 SW 116TH TERRACE	
Add			MIAMI, FL 33196	
X Remove				
3) Change	D	MARTHA HIEP NGUYEN	15160 SW 116TH TERRACE	
Add			MIAMI, FL 33196	
X Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_	_	
Add				
Remove				

	as, if necessary).	(Be specific)				
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The date of each amendment(s) adoption date this document was signed.	n:, if other the
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement 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 action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder
SEPTEMBER 2 Dated	4, 2018
Signature Lim	Norm Danner
(By a director selected, by a	, president or other office; – if directors or officers have not been n incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
LINH	NAM NGUYEN
	(Typed or printed name of person signing)
PRES	SIDENT
	(Title of person signing)