PISOUL 11377

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VC

R. WHITE SEP 17 2018 2018 SEP 12 AM 8: 57 SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	non: Orchid	Exclusive 1	lacations, Inc.
DOCUMENT NUMBER	u <u>P18</u> 0	000011379	
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
		Name of Contact Person	
	Urchid	Exclusive V	acations
_		• •	Dr., Ste 200
_	Bonita	City/ State and Zip Cod	34134
	Henrife E-mail address: (to be us	re Orchidee annual report	1 ty group. Com notification)
For further information co	ncerning this matter, pleas	se call:	
January Name of C	Springer Ri	inden at 920 Area Co	540-6822 de & Daytime Telephone Number
		payable to the Florida Depa	
□ \$35 Filing Fee	Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Address		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2018 SEP 12 AM 8: 57 TALLAHASSEE, 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: ration, " company," or "incorporated" or the abbreviation name must be distinguishable and contain the word "corporation," "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 sbeet address) New Registered Office Address: Florida 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: X Change	<u>PT</u>	John De	<u>oc</u>		
X Remove	<u>V</u>	Mike Jo	<u>ones</u>		
X Add	<u>sv</u>	Sally Si	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1)Change		_			
Add					
Remove					
2) Change	\				
Add					
Remove					
3) Change		_ \			
Add		\			
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change		_		\	
Add					
Remove					

E. If amending or adding a	lditional Articles, en	ter change(s) here:		
(Attach additional sheets,	f necessary). (Be sp	pecific)		
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If an amendment provide	s for an exchange, re	eclassification, or can	cellation of issued sha	res,
provisions for implement (if not applicable, ind	ting the amendment	if not contained in th	ie amendment itself:	
(п пол арупсате, т	neute MAJ			
		 		
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The date of each amendment(s) adoptions date this document was signed.	, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will not be listed as the t of State's records.
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	······································
	(voting group)
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder
selected, by an	oresident of other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
	Townfor Springer Linden (Typed or printed name of person signing)
	Critle of person signing)