P190000 15785

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(Ad	dress)	
(Cit	y/State/Zip/Phone #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FLORIDA SPIRIT	VACATION HOMES	SERVICES, INC.
DOCUMENT NUMB		· -	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SARITA LATORRE		
		Name of Contact Pe	rson
		Firm/ Company	
	7135 SCARLET SAGE COU	IRT	
	PUNTA GORDA, FL 33955	Address	
		City/ State and Zip C	Code
SARI	TA@FLORIDASPIRIT.COM	1	
	E-mail address: (to be us	sed for future annual rep	oort notification)
For further information	n concerning this matter, pleas	se call:	
SARITA LATORRE		at (²³⁹	822-9257
Name (of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida D	Department of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee of Certified Copy (Additional copy is enclosed)	Certificate of Status
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Ishassee, FL 32314	An Div Cli	eet Address mendment Section rision of Corporations fton Building 1 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA SPIRIT VACATION HOME SERVICES, INC.

(Name of Corporation as cur	rrently filed with the Florida Dept. of State)
P19000015785	
(Document Num	aber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
FLORIDA SPIRIT SOUTHWEST VACATION HOME SERV	ACES, INC. The new
	oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED MAR -6 PI ALLAHASSEETH
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	
Name of New Registered Agent	
(Flor	ida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	Agent:
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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P	SARITA LATORRE	7135 SCARLET SAGE COURT
Add			PUNTA GORDA, FL 33955
Remove			
2) X Change	V	FRANCIS LATORRE	7135 SCARLET SAGE COURT
Add			PUNTA GORDA, FL 33955
Remove			
3) X Change	T	BRIAN J BRANNIGAN	1503 LEGENDS BLVD
Add			CHAMPIONSGATE FL 33996
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Add			

	(Be specific)
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If an amendment provides for an exc	thange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
If an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	thange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the amo	change, reclassification, or cancellation of issued shares, sendment if not contained in the amendment itself:
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provisions for implementing the amo	endment if not contained in the amendment itself:
provisions for implementing the amo	endment if not contained in the amendment itself:

	e(s) adoption:	, if other than the
date this document was signed	3/1/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this he Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendmentere sufficient for approval.	t(s)
	re approved by the shareholders through voting groups. The following states of for each voting group entitled to vote separately on the amendment(s):	ment
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
3/1/20	019	
Dated Signature	Carla D	
	By adirector, president or other officer – if directors or officers have not bee	n
	elected, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
aj	ppointed fiduciary by that fiduciary)	
	SARITA LATORRE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	