P94000045961

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

J DEC 15 2022

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Florida Litestyles Vaccition Rentals Inc P94000045961 DOCUMENT NUMBER: _ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: festules Vacation Vbs can. Cont For further information concerning this matter, please call: Name of Contact Person at (S13) 220 - 0007

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ✓ \$35 Filing Fee □\$52.50 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P9400004596	- 1
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
NIA	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
R. Enter new principal office address, if applicable:	NIA
Enter new principal office address, if applicable: acipal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N 12	
(Florida si	treet address)
New Registered Office Address:	, Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	nt:
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
Signature of the s	response to responsible to the response
Check if applicable	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	M	Lisa Vanteboe	
Add Remove	D	Frank Varieboe	Same as principa
2) Change Add		THE VENTE 1500	
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, (Attach additional sheets, if necessary). (Be	enter change(s) l specific)	<u>iere</u> :		
NIA				
N _F				
		· <u>-</u>		
		 		
	. <u> </u>			
				••
				
	-			
				<u> </u>
If an amendment provides for an exchange	. reclassification	or cancellation of	fissued shares.	
provisions for implementing the amendm	ent if not contain	ed in the amendm	ent itself:	
(if not applicable, indicate N/A)				
K A		·		
1				
			-	
				
				_

The date of each amendment(s) add date this document was signed.	otion:, if other	r than the
•	8/2, /	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this blo locument's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this date will not be list rement of State's records.	ica as in
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopaction was not required.	ed by the incorporators, or board of directors without shareholder action and shareholde	er
☐ The amendment(s) was/were adop by the shareholders was/were suf	ed by the shareholders. The number of votes east for the amendment(s) cient for approval.	
The annual ment of another and	The following statement	
must be separately provided for e	ved by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
must be separately provided for e	ch voting group entitled to vote separately on the amendment(s): the amendment(s) was/were sufficient for approval	
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