

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L24000322397

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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : R&P ACCOUNTING AND TAXES INC  
 Account Number : I2017000090  
 Phone : (305)358-1310  
 Fax Number : (305)503-6701

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: arod8723@gmail.com

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2024 JUL 25 PM 1:00

DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 FAIS VACATION HOME LLC**

Certificate of Status	0
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Page Count	03
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2024 JUL 25 PM 2:08  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
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APPROVED AND FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAIS VACATION HOME LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/19/2024 and assigned Florida document number L24000322397.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Three horizontal lines for entering the principal office address.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Three horizontal lines for entering the mailing address.

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Horizontal line for entering the name of the new registered agent.

New Registered Office Address:

Horizontal line for entering the new registered office address.

Enter Florida street address

Horizontal line for entering the city and state (Florida).

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

APPROVED AND FILED 2024 JUL 25 PM 2:08

If Changing Registered Agent, Signature of New Registered Agent

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATRICIA TAVARES FAIS	7131 GRAND NATIONAL DRIVE, SUITE 103 ORLANDO, FL 32819	CHANGE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 25, 2024

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*Sharon Fvais Patricia Tavares Fvais*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

SHARON MONIQUE TAVARES FAIS / PATRICIA TAVARES FAIS

\_\_\_\_\_  
Typed or printed name of signer