103000036441

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			
		Rentals, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please	return all correspo	ndence concerning this matter t	to the following:	
		Teresa Presley		
		Price Morgan Vacation Ren	Name of Person ntals	
		205 Powell Place, Stc. 309	Firm/Company	
		Brentwood TN 37027	Address	
		t_presley011@comcast.net	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For fu	rther information e	oncerning this matter, please ca	dl:	
Teresa	a Presley		615 476-8243	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snowman Rentals, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number ____ L03000036441 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Price Morgan Vacation Rentals, LLC Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida _

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
			
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
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effective date is listed, the date mu e: If the date inserted in this b	lock does not meet the appli	icable statutory filin		
iment's effective date on the D	epartment of State's record.	S.		
ecord specifies a delaye	d effective date, but n	ot an effective (time, at 12:01 a	m on the earlier
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October 25	4010			
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Filing Fee: \$25.00