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TALL AHASSEE FLORID

D. BRUCE

SFP 25 2012

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CACIT, LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
EVENETT RASHOTSKY Name of Person		
GAGIT, HILDAVOL, UC		
1910/ MYST, C Pont #712 Address		,
AVENTULA, F1, 33180  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	∌s <del>_</del>	
For further information concerning this matter, please call:	2 SEP ECRE	
Name of Person  Name of Person  Name of Person  Name of Person  Area Code & Daytime Telephone Number	24 PM 12: 3 TARY OF STAI 488EELFLORE	
Enclosed is a check for the following amount:	5 = = = = = = = = = = = = = = = = = = =	
\$25.00 Filing Fee Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is		

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**

CAGIT, LLC	! !			
(Name of the Limited Liability (A Florida L	Company as it now app limited Liability Company	ears on our records.) y)	<del></del>	
The Articles of Organization for this Limited Liability Co. Florida document number \(\times \text{\textit{Oloob 07.3340.2}}\)	ompany were filed on	07-25-06 a	nd assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company l	<u>iere</u> :		
GAGIT TRAVEL,	LLC			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Con	npany," the designation "LLC" of	or the abbreviatio	n
Enter new principal offices address, if applicable:			75 SE 75	
(Principal office address MUST BE A STREET ADDR	ESS)		SE P	);
			<u> </u>	Te z
			R R	E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-E-
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
			( ) =	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		n our records, enter the na	ame of the nev	<u>w</u>
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street address		
<del></del>	City	, Florida Ziz	Code	
New Registered Agent's Signature, if changing Registered	•	•		

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			ddd Remove
· ·			dd Remove
	<del></del>		ddd emove
	<del></del>		Add temove
<del></del>			C_dd C_emove
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D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			TALLAHASSEE.FLOR
Dated	9/17/12 VIVI	·	- CRES 31
	EVENET RASH	or authorized representative of a member  OTSC y or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00