

L07000127386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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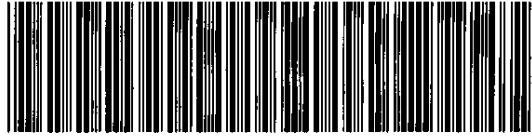
Special Instructions to Filing Officer:

A. LUNT

MAY 28 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DS CONSULTING SERVICES LLC

5798 S. SEMORAN BLVD. STE 112
ORLANDO, FL. 32822
TELF(321) 663 3069 FAX: 407-264-8091

May 21, 2009

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

In re of: PHOENICIA VIAJES TRAVEL GROUP, LLC
Ref Number: L07000127386

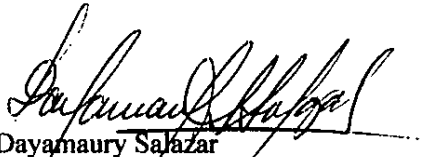
Mrs. / Ms/ Agnes Lunt:

Enclosed you will find the document with the proper Corrections.

If you have any questions, please contact the Registered Agent:

Said Yorde
8501 SW 124th Ave.
Suite 201.
Miami, Fl. 33183

Sincerely,



Dayamaury Salazar
Paralegal

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHOENICIA VIAJES TRAVEL GROUP, 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:

SAID YORDE
Name of Person

Firm/Company
5201 BLUE LAGOON DR. STE 847
Address
MIAMI, FLORIDA. 33126
City/State and Zip Code
karim@phoeniciatravelgroup.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SAID YORDE at (**305**) **273 3344**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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**

PHOENICIA VIAJES TRAVEL GROUP, 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 DECEMBER 27, 2007 and assigned
Florida document number L0700012386.

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TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

5201 BLUE LAGOON DR. STE 847

MIAMI, FL. 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5201 BLUE LAGOON DR. STE 847

MIAMI, FL. 33126

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:

N/A

New Registered Office Address:

Enter Florida street address

_____, **Florida** _____

City

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 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 = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SAID YORDE	5201 Blue Lagoon Dr. Ste 847 Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KARIM YORDE	7380 Sand Lake Road, Ste 500 Miami, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MIRNA YORDE	5201 Blue Lagoon Dr. Ste 847 Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NADIM YORDE	5201 Blue Lagoon Dr. Ste 847 Miami, FL 33126	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Phoenicia Viajes y Turismo, C.A.	Avenida Fuerzas Armadas, CC Doral Mall local 6-B Maracaibo, Zulia, Venezuela	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

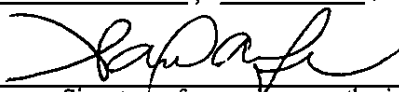
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

ADD FEIN NUMBER 26- 1689949

ARTICLE II: Address the principal and mailing address and the street of the principal office of the LLC is: 5201 Blue Lagoon Dr. Ste. 847. Miami. FL. 33126.

Article VII. Add to Phoenicia Viajes y Turismo, C.A, as a Managing Member of Phoenicia Viajes Travel Group, LLC.

Dated May 21th, 2009



Signature of a member or authorized representative of a member

SAID YORDE

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA