LK00000 85317

(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	_ Certificates of Status
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SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp	tion q^{n}			
SUBJECT: Reg	Name of Limit	s L.L.C.		
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	idence concerning this matter t	o the following:		
	Jer	nifer Kahle Name of Person	.Y	
	_	Pet Services,		
	100 Mai	St a Unit	#1418	
		Feters by City/State and Zip Code		
	E-mail address: (to	be used for future innual r	eport notification)	
For further information co	ncerning this matter, please ca	11:		
Jennifer Name of	Person	at (<u>727</u>)	So 4 - 9 Daytime Teleph	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THED

_	المسأسية بريانا معا
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	2023 MAR LO PM 1: 39
- · · ·	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company were filed on 08/14/2	Zplo and assigned
Florida document number <u>L10000085217</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Global Luxe Travel, LLC	
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)	
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	

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.

City

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>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
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ffect	ve date, if other than the date of filing: (optional)
an cff <u>lote:</u>	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
recor Lis fi	d 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
)ated	Sunday March 5th, 2023.
ucca	
	- Clean All
	Signature of a stamber or authorized representative of a member
	Tomas Control Vision
	Typed or printed name of signee