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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

J. BRYAN

FEB - 7 2012

EXAMINER

`COVER LETTER

Registration Section

TO:

| Division of Corporations | > | · |
|--|--|--|
| SUBJECT: Shades of Maya Name of Limit | LLC and Liability Company | <u>unendment</u> |
| | · · · · · · · · · · · · · · · · · · · | |
| | | \ |
| The enclosed Articles of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondence concerning this matter | to the following: | į |
| , | 1 | |
| Ingrid | Hernandez Name of Person | |
| 5hade | 5 of Maya 1 | 10 = = |
| • | Firm/Company | AFE TO T |
| 22300_6 | w 103rd ct | MIZFEB-6 PA SECRETARY OF TALLAHASSEE. |
| <u>Miami</u> | FL 33190 | PH 1:52 PH 1:52 |
| moinà Email address: | City/State and Zip Code Tide live. Com be used for future annual report n | , |
| · | • | omitation, f |
| For further information concerning this matter, please ca | ur. | |
| Ingrid Hernandez | at (305) 909 | 3875 |
| V Name of Person | · Area Code & Day | time Telephone Number |
| Enclosed is a check for the following amount: | | s top |
| \$25.00 Filing Fee \$\times \text{Certificate of Status}\$ | \$55.00 Filing Fee & Certified Copy (additional copy is enclo | \$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/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL | porations: 3 Center Circle |

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| Shades of Maya L | \mathcal{L} | | |
|--|--|--|--|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) | | |
| The Articles of Organization for this Limited Liability Company of Florida document number <u>L 1000128395</u> | | | |
| This amendment is submitted to amend the following: Name | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | |
| Trips Ahoy Tours LLC | | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | AFFIAR SS | | |
| Enter new mailing address, if applicable: | F-9 7 | | |
| (Mailing address MAY BE A POST OFFICE BOX) | RP US | | |
| | | | |
| B. If amending the registered agent and/or registered office address here | ce address on our records, enter the name of the new | | |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · | | |
| 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 aftiending 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:

| <u>Title</u> | <u>Name</u> | | Address | Type of Ac | tion |
|-----------------|--|-------------|--|--------------------------|------|
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| _ | | | | EB-6 PH | |
| Dated <u>()</u> | 2/01 | 2015 | 2 | STATE STATE LORIDA | |
| | OHO | 7 | authorized representative of a member | | |
| | ingeit | 2. HERNY | 200122 printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00