

LLC 0000 917 P

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : TAVARES LAW PA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Elleniessi@hotmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YES TRAVEL, LLC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 06 2015

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

YES TRAVEL, 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 06/02/2014 and assigned Florida document number L14000091787.

This amendment is submitted to amend the following:

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

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:

5950 LAKEHURST DR., STE. 202

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

5950 LAKEHURST DR., STE. 202

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32819

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:

TAVARES LAW, P.A.

New Registered Office Address:

201 EAST PINE STREET, SUITE 702

Enter Florida street address

ORLANDO

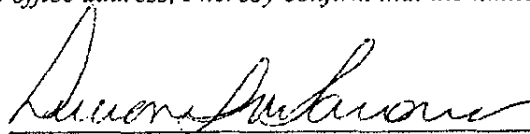
Florida 32801

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 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

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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>	<u>Type of Action</u>
AMBR	ROGERIO M. SEVERINO	Ev Da Penha 88 Block 5 Apt. 31	<input type="checkbox"/> Add
		Tatuape	<input checked="" type="checkbox"/> Remove
		Sao Paulo SP 03090 BR XX	<input type="checkbox"/> Change
MGR	Global Trip Service Viagens ET	R Conselheiro Nebias 263 Andar	<input type="checkbox"/> Add
		Campos	<input checked="" type="checkbox"/> Remove
		Eliseos Sao Paulo SP 0 XX	<input type="checkbox"/> Change
MGR	DMX PARTICIPATIONS LLC	5950 LAKEHURST DR.	<input checked="" type="checkbox"/> Add
		STE. 202	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
AMBR	Elen Iessi Monteiro da Silva	11854 ALENDALE ST.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Darin Angelo Marin	11854 ALENDALE ST.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		<input type="checkbox"/> Change	

