115000081514

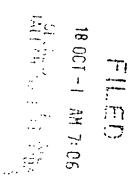
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}

Office Use Only



400318691224

10/01/18--01017--004 **30.00



OCT 1 9 2018
T SCHROEDER

COVER LETTER

Registration Section

Division of Corporations
SUBJECT: Charting Memories Travel 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:
Mark A Landgrehe Name of Person
Charting Memories Travel LLC Firm/Company
34547 Mitigation Tr
Callahan, FL 32011 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mart Landerebe at (765) 490-2330 Name of Jerson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square \text{\$\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\square \text{\$\$ Certified Copy (additional copy is enclosed)}\$\$\$ 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

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charting Memories	Travel LL(lty Company as it now appears on our records.) a Limited Liability Company)
(A Florida	a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on May 67, 1015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the ne</u> ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:

If Changing Registered Agent, Signature of New 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCD -	Managar
MCK =	Manager
AMRR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Merr.11 E Landyrebe	36065 Hellys La Lot 60	🗆 Add
		Callahan Fe 32011	PRemove
			Change
			Add
			Remove
			Change
			Remove-
			Add C Ti Remove-
			🗆 Remove
			Change
			Add
			Remove
			_ 🗆 Change
			Add
			_□ Remove
			_□ Change

		
		
	-	
=		
	 -	
<u> </u>	<u>ಹ</u>	
	001	
	1	neser.
<u>.</u>	À	
		مدی
<u> </u>	<u> </u>	

Page 3 of 3

Filing Fee: \$25.00