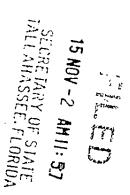
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## **COVER LETTER**

	Registratio Division of	n Section Corporations
SUBJEC		opical Getaways, LLC
SUBJEC	, I ;	Name of Limited Liability Company
The encl	osed Article	es of Amendment and fee(s) are submitted for filing.
Please re	turn all corr	respondence concerning this matter to the following:
		Daniel Covitz
		Name of Person
		Firm/Company
		8335 Freedom Crossing Trail Apt 1608
		Address
		Jacksonville, Florida 32256
		City/State and Zip Code
		daniel.covitz@cruiseplanners.com
		E-mail address: (to be used for future annual report notification)
For furth	er informatie	on concerning this matter, please call:
Daniel C		904 608-3343 at ()
	Naı	me of Person Area Code Daytime Telephone Number
Enclosed	is a check f	for the following amount:
□ \$25.0	00 Filing Fee	e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status  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 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D3 Tropical Getaways, LLC	
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L15000178488</u>	pany were filed on October 20, 2015 and assigned
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 I	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	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address	d office address on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	SS N Marke
	Enter Florida street address
	City, Florida Zip Oode
New Registered Agent's Signature, if changing Registered Age	

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

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>	Address	Type of Action
AMBR	Daniel L. Covitz	8335 Freedom Crossing Tr Apt 1609	ksonville, FL. 32256 \ Add
			Remove
AMBR	Shirley G. Covitz	Sackson VI	32256
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			□ Remove
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			Change
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Effective date, if other than fan effective date is listed, the da	the date of f	filing:	prior to date of	filing or more the	(optio	nal)	mant to	405 <b>03</b> 07
Note: If the date inserted in the document's effective date on the	his block does i	not meet the ap	pplicable statu	tory filing requ	rements, this	date will	not be	listed as
e record specifies a del The 90th day after the	ayed effective record is file	ve date, bui led.	t not an eff	ective time,	at 12:01 a	m. on t	he ea	ırlier of
October 28		2015	1.					
		Z //		_				
	//	11011	_> ~					

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Typed or printed name of signee

Filing Fee: \$25.00