

L1600099482

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : WILSON TAX & ACCOUNTING INC.  
Account Number : 120150000107  
Phone : (941) 625-1925  
Fax Number : (941) 625-1526

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: Lindsay@taxsaversfl.net

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
16 AUG 18 AM 9:07  
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2016 AUG 18 AM 11:54  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SIGNATURE ITALY TOURS AND TRAVEL LLC

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Signature Italy Tours and 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 5/23/2016 and assigned  
Florida document number L16000099482.

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:

(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

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mary A Namack	1300 Enterprise Dr	<input type="checkbox"/> Add
		Ste D	<input type="checkbox"/> Remove
		Port Charlotte, FL 33953	<input checked="" type="checkbox"/> Change
AMBR	Leonardo Mura	1300 Enterprise Dr	<input checked="" type="checkbox"/> Add
		Ste D	<input type="checkbox"/> Remove
		Port Charlotte, FL 33953	<input type="checkbox"/> Change
AMBR	Elizabeth Namack	1300 Enterprise Dr	<input checked="" type="checkbox"/> Add
		Ste D	<input type="checkbox"/> Remove
		Port Charlotte, FL 33953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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