

L16000121310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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NOV 16 2016  
J. HARRIS

COVER LETTER

November 7, 2016

TO: REGISTRATION SECTION ~ DIVISION OF CORPORATION

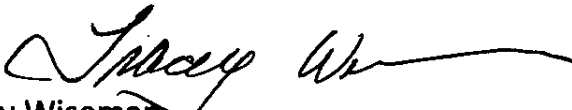
FROM: TRACEY WISEMAN, REGISTERED AGENT FOR Deluxe Cuba Travel LLC

RE: NAME CHANGE – AMENDMENT ATTACHED

Enclosed is \$25 check/Filing fee to change Deluxe Cuba Travel LLC to:

Cuba Custom Travel LLC

My contact info is: phone/cell 312-576-1255 and my return address is:

  
Tracey Wiseman  
780 NE 69<sup>th</sup> Street #1907  
Miami, FL 33138

Thank you

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DELUXE CUBA 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:

TRACEY WISEMAN  
Name of Person

CUBA CUSTOM TRAVEL LLC  
Firm/Company

6815 BISCAYNE BLVD Ste 103-455  
Address

MIAMI FL 33138  
City/State and Zip Code

tracey@cubacustomtravel.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

TRACEY WISEMAN at (312) 576-1255  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

DELUXE CUBA 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 6/23/2016 and assigned  
Florida document number L1600012310

This amendment is submitted to amend the following:

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

CUBA CUSTOM TRAVEL LLC

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)**

6815 BISCAYNE BLVD Ste 103-455  
MIAMI, FL 33138

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

6815 BISCAYNE BLVD Ste 103-455  
MIAMI, FL 33138

**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**

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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>
			<input type="checkbox"/> Add
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FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
WASHINGTON, D.C. 20535

A hand-drawn arrow pointing downwards and to the right, indicating a trend. The arrow is drawn with a single continuous line and has a simple arrowhead at the bottom right. It starts near the top left of the page and points towards the bottom right, crossing several horizontal lines.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 9, 2016.

Signature of a member or authorized representative of a member

TRACEY WISEMAN  
Typed or printed name of signee

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