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То:	Division of Corporations Fax Number : (850)617-6383	Di	ECE!	IVEI
From Enter the email a	Account Name: SWART BAUMRUK & COMPANY, LLP Account Number: 120000000291 Phone: (407)827-7466 Fax Number: (407)847-6641		JAN 24	
Email Address	mailings. Enter only one email address please.	 ;	- ::	
LLC AM	ID/RESTATE/CORRECT OR M/MG RESIGN GREAT TRAVEL ADVISOR, LLC			

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JAM 25 Min. J. HARRIS Help Fax: (806) 695-0896

To: \$596176383@rcfa_con Fav: (859) 617-5383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Great Travel Advisor, LLC	
(Nume of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
he Articles of Organization for this Limited Liability Company were filed on	November 10, 2016 and assigned
lorida document numberL16000206964	
his amendment is submitted to amend the following:	
a. If amending name, <u>enter the new name of the limited liability company h</u>	<u>ere</u> :
<u>~</u>	
he new name must be distinguishable and contain the words "Limited Liability Company," the	
Enter new principal offices address, if applicable:	e a
Principal office address MUST BE A STREET ADDRESS)	
rincipal office dualess most mention were productive	
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	्य इ.स.
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
3. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, <u>enter the name of the t</u>
Name of New Registered Agent:	
New Registered Office Address: Enter Fl	orida 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.

H Changing Registered Agent, Signature of New Registered Agent

rom.	Divie	Kennedy
TOTH.	CAINIE	MEIIIIGUS

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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>	Name .	Address	Type of Action
AMBR	Paul Mainzer	1870 Limahana Circle #G203	= Add
		Lahaina, HI 96761	Remove
			☐ Change
AMBR	Teresa Mainzer	1870 Limahana Circle #G203	= Add
		Lahaina, HI 96761	☐ Remove
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uncu	i's effective date on t	he Department of State's records.	
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	Muh	Signature of a member or authorized representative of a m	ember 5
	Kuka	Signature of a member or authorized representative of a m	ember 2
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