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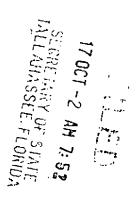
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## **COVER LETTER**

то:	Registration Se Division of Cor			
eum r	Passport &	Duffle Bag Travel Company L	LC	
SUBJ	ECT:	Name of Lim	nited Liability Company	<del></del> -
The e	nclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Haley Parker		
			Name of Person	
			Firm/Company	<del></del>
		6412 9th Ave North		
			Address	
		St. Petersburg, FL 33710		
			City/State and Zip Code	,
		hrenee517@yahoo.com		<del></del>
For fu	rther information e	en-mail address: f	to be used for future annual report notif all:	ication)
Haley	Parker		727 644-5000	
	Name o	f Person	at ()	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>=</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & 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

Passport & Duffle Bag Travel Company 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  $\frac{9/19/17}{1}$ and assigned Florida document number 1.17000193975 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Passport & Duffel Bag Travel Company LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
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Typed or printed name of signee

Filing Fee: \$25.00