

L19 000200399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

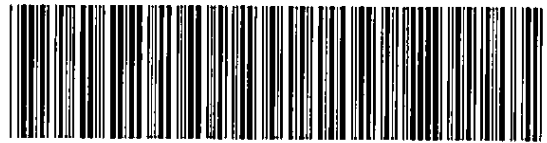
(Document Number)

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AUG 19 2019

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP -3 PM12:10

Amend

SEP 03 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J & L Travel Management Group USA 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:

JOSE PINEDA

Name of Person

J & L Travel Management Group USA LLC

Firm/Company

1988 NE 178TH Street

Address

North Miami Beach, FL 33162

City/State and Zip Code

jandltravelmanagementgroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE PINEDA

Name of Person

at 786

Area Code

709-6836

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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)

*check was sent
and cleared on
August 22, 2019*

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP -3 PM 12:10

TO
ARTICLES OF ORGANIZATION
OF

J & L Travel Management Group USA 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 August 6, 2019 and assigned
Florida document number L19000200399.

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 "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

_____, 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>JOSE PINEDA</u>	<u>1988 NE 178TH Street</u>	<input type="checkbox"/> Add
		<u>North Miami Beach, FL 33162</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>VP</u>	<u>Leonardo Insignares</u>	<u>1988 NE 178TH Street</u>	<input type="checkbox"/> Add
		<u>North Miami Beach, FL 33162</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>JOE PINEDA</u>	<u>1988 NE 178TH Street</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami Beach, FL 33162</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Leonardo Insignares</u>	<u>1988 NE 178TH Street</u>	<input checked="" type="checkbox"/> Add
		<u>North Miami Beach, FL 33162</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

The change requested is only in the titles
from P to AMBR and VP to AMBR.

E. Effective date, if other than the date of filing: _____ (optional)

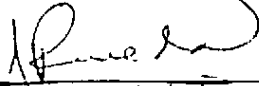
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 3rd, 2019



Signature of a member or authorized representative of a member

JOSE PINEDA

Typed or printed name of signee