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(R	equestor's Name)	
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(A	ddress)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
(Business Entity Name) (Document Number)	MAIL	
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co					
SUBJECT:	Journeys 3	60 Travel ited Liability Company	LLC		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		REETI Name of Person	DEN	MAC	
	Tourne	ys 360 Firm/Company	Travel	LLL	
	15366 A	APRILE SAddress	STREE-	46	30
	7120	City/State and Zip Code Life Journ to be used for future annual m	eus Shot	ECRETARY -8 PH 2:	22 100
For further information	concerning this matter, please ca	all:		r 4 UI	,
Preet	i Dewan	at (239) Area Code	302 of Daytime Teleph	one 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)		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Division	dress: tion Section of Corporation tre of Tallaha		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number \(\sum_{21000226381}	_	Roll and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
NA		-Academiology of 1 C."
The new name must be distinguishable and contain the words "Limited Liability	<u> </u>	r the appreviation "L.L.C.
Enter new principal offices address, if applicable:	NA	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	2022 NOV -8 PR
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter th</u>	e name of the new registered
Name of New Registered Agent:	ACI	
New Registered Office Address:	Enter Florida street address	
	Flori	
	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 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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		·	□Change
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in effective date is listed, the detection of the date inserted in	ate must be specific an this block does not	id cannot be prior to meet the applicab	date of filing or mor le statutory filing :	e than 90 days after requirements, this	hling.) Purs date will	uant to t not be I	isted
cument's effective date on	the Department of	State's records.					
ecord specifies a delayed e is filed.	ffective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90t	h day a	fter th
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		member or authoriz					