L23000156254

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.,		COVER LETTER	
TO: Registration So Division of Co		•	
	D TRAVEL LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person	
	MASTER PROFESSIONA	AL TAX	
		Firm/Company	
	3900 S. GOLDENROD RI	O STE 112	
		Address	
	ORLANDO FL 32822		
		City/State and Zip Code	
	INFO@MASTERTAXES.C		
	E-mail address: (to be used for future annual report not	iffication)
For further information of	concerning this matter, please ea	all:	
DIEGO A RUIZ		407 277-4049	
Name o	of Person	af () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Addres		Street Address:	
Registration Division of C		Registration So Division of Co	
P.O. Box 632	-	The Centre of	•
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUL 10 AH 9:59

AMELAND TRAVEL LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability	Company were filed an 03/28/202	3 and assigned
Florida document number L23000156254		and assigned
	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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
MGR	BRIAN D WEST	17310 HICKORY WIND DR	≡ Add
		CLERMONT FL 34711	□Remove
			□Change
MGR	NOELIA V TROVATO	622 VERONA ST	□∧dd
		KISSIMMEE FL 34741	[]Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			[]Change
			□Add
			□Remove
			□ Change

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ective date, if other than the	date of filing:	1-4-0751	(optional) 90 days after filing.) Pursuant to 605.0207
e: If the date inserted in this b	ock does not meet the applic	able statutory filing require	ements, this date will not be listed as
ument's effective date on the D			
cord specifies a delayed effective	e date, but not an effective ti	ime, at 12:01 a.m. on the ea	orlier of: (b) The 90th day after the
s filed.			-
JUNE 30 ed	2023	·	
/ Y			
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Typed or printed name of signee