L23000485895

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MA (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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	•	COVER LETTÉR			
TO: Registration Se	ection	ř			
Division of Cor					
CP Travel I	Experts LLC				
SUBJECT:		ited Liability Company	-		
The englosed Articles of	Amendment and fee(s) are sub	mitted for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	Michael Damon				
		Name of Person			
		Firm/Company			
		runvCompany			
	7708 Ligonier Ct				
		Address			
	Orlando, Florida 32819				
		City/State and Zip Code	····		
	mdamion72@bellsouth.net	16 67			
		to be used for future annual report notif	ication)		
For further information of	concerning this matter, please c	all:			
Michael Damon		954 304-3117 at ()			
Name o	f Person		: Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee &	☐ \$60.00 Filing Fee, Certificate of Status &		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy		
			(additional copy is enclosed)		
Mailing Addres		Street Address:			
Registration :		Registration Sec Division of Cor			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.)
	ompany were filed on 10/24/23	and assigned
Florida document number L23000485895	_·	
This amendment is submitted to amend the following:		
Florida document number L23000485895 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Travel Experts 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.		
(Name of the Limited Liability Company as it now appears on our records.) (A Plorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/24/23 and assigned Florida document number 1.23000485895 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Travel Experts 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 Enter Florida street address		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "l	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	office address on our records, <u>en</u>	ter the name of the new registere
agent and/or the new registered office address here:		
		l .
Name of New Registered Agent:		
New Registered Office Address:		***
	Enter Florida street ad	dress
	,	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

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
			□Remove
			Change
			Remove
			□ Change
			Remove
			□ Change
			□Remove
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ffective date, if other than the an effective date is listed, the date mus sote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet	the applical	ole statutory fil	more than 90 daing requireme	(optional) ys after filing.) nts, this date	Pursuant to 605.0 will not be listed)207 d as
e record specifies a delayed The 90th day after the rec	effective date ord is filed.	e, but not	an effective	time, at 12	2:01 a.m. d	on the earlie	ro
January 9		024	_ ·				
Michael	Signature of a mem						

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