## L0900047393

| (Red                      | questor's Name)   |                                       |
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| (ride                     | 11033)            |                                       |
|                           |                   |                                       |
| (City                     | //State/Zip/Phone | e #)                                  |
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| PICK-UP                   | WAIT              | MAIL.                                 |
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| · - (Doc                  | ument Number)     |                                       |
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| Certified Copies          | Certificates      | s of Status                           |
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| Special Instructions to F | filing Officer:   |                                       |
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SECRETARY OF STATE
ORIO

S. HAWKES

JUL 2:9:2009

EXAMINER

## **COVER LETTER**

| TO: Registration S Division of Co       |  |  |   |  |  |  |
|---|--|--|---|--|--|--|
| SUBJECT:                                | Viaj                                       | eHoy, LLC  |   |  |  |  |
| John John John John John John John John |  | ited Liability Company   |   |  |  |  |
| The enclosed Articles of                | f Amendment and fee(s) are sub             | omitted for filing.  |   |  |  |  |
| Please return all corresp               | ondence concerning this matter             | to the following:  |   |  |  |  |
|   | ***************************************    | Mark Elias   |   |  |  |  |
|   |  | Name of Person   |   |  |  |  |
| ViajeHoy, LLC                           |  |  |   |  |  |  |
| Firm/Company                            |  |  |   |  |  |  |
|   | 8325 Coral Way                             |  |   |  |  |  |
|   |  | Address  |   |  |  |  |
|   |  | Miami, FL 33155  |   |  |  |  |
|   |  | City/State and Zip Code  |   |  |  |  |
|   | m F mail address (                         | nelias43@yahoo.com<br>to be used for future annual report notifi | action  |  |  |  |
|   |  |  | Catton)   |  |  |  |
| For further information                 | concerning this matter, please of          | catt.  |   |  |  |  |
|   | Mark Elias                                 | at ( )   | 775-7140  |  |  |  |
| Name                                    | of Person                                  | Area Code & Daytime  | : Telephone Number  |  |  |  |
| Enclosed is a check for                 | the following amount:                      |  |   |  |  |  |
| \$25.00 Filing Fee                      | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |  |
| MAILING ADDRESS:                        |  | STREET/COURI   | ER ADDRESS:   |  |  |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ViajeHo   | y, LLC                                   | ,                         |                                 |  |  |
|---|--|---------------------------|---------------------------------|--|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited L  | ny as it now appea<br>Liability Company) | irs on our records.)      |                                 |  |  |
| The Articles of Organization for this Limited Liability Company Florida document numberL09000047393   | were filed on                            | May 15, 2009              | and assigned FILED TALLAHASSEST |  |  |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:   |  |                           |                                 |  |  |
|   |  | ,                         | 77.51                           |  |  |
| The new name must be distinguishable and end with the words "Limi"L.L.C."   | ted Liability Comp                       | any," the designation "   | LLC" of the abbreviation        |  |  |
| Enter new principal offices address, if applicable:   | 8325 Coral \                             | <b>V</b> ay               |                                 |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | Miami, FL 3                              | 3155                      |                                 |  |  |
| Enter new mailing address, if applicable:   | 8325 Coral V                             | Vay                       |                                 |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  | Miami, FL 33155                          |                           |                                 |  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:  New Registered Office Address: | <b>E:</b>                                | our records, <u>enter</u> |                                 |  |  |
| **  | City                                     | , Florida                 | Zip Code                        |  |  |
|   | Cay                                      |                           | 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 July 24 Dated \_\_\_ Signature of a member or authorized representative of a member David A. Nesslein Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00