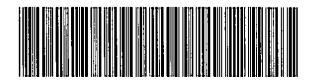
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(Requestor's Name)
(Address)
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(Hadioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Harne)
(Document Number)
Certified Copies Certificates of Status
Special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

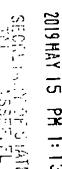
Office Use Only

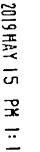


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S TALLENT MAY 3 1 2019





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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
SUBJECT:	ViajeHoy.ll	c		
SUBJECT:		Name of Limite	ed Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return	all correspo	ndence concerning this matter to	the following:	
	·	mark elias		
		viajehoy, Ilc	Name of Person	
		4138 SW 16th street	Firm/Company	
		coral gables, tlorida 33134	Address	
		mark@havanaair.com	City/State and Zip Code	
	0		be used for future annual report notif	lication)
	Hormation c	oncerning this matter, please call		
mark elias			at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fec	■ \$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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 .ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ViajeHoy, Ilc	
(Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/15/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SEC
(Principal office address MUST BE A STREET ADDRE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registeredistered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	ered office address on our records, enter the name of the new ess here:
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending or removed	g Authorized Person(s) authorized to n I from our records:	ranage, enter the title, name, and address	of each person being added
MGR = N			
Title	<u>Name</u>	Address	Type of Action
AMBR	Bart Seidler	4138 SW 16th Terrace Miami, Florida 33134	■ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
	<u></u>		□ Add
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			Remove
			☐ Change

. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
ę	
 =	
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-	
- 1	
Effective date,	if other than the date of filing: (optional)
(If an effective date Note: If the dat	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.03 te inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
document's effe	ective date on the Department of State's records.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ay after the record is filed.
•	
Dated May 14th	2019
	$\mathbb{N} \mathcal{N} \mathcal{N}$
	Signature of a member of authorized representative of a member
Marl	k Elias
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00