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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Security Division of Corp			
	N HOLLYWOOD LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MICHAEL CEASER	_	
		Name of Person	
	TRAVELON HOLLYWO	OD LLC	
		Firm/Company	
	2700 W ATLANTIC BLV	D SUITE 203	
		Address	
	POMPANO BEACH, FL	33069	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	ROCMARKETING7@YA		
For further information of	e-mail address: (to be used for future annual report not	meation
MICHAEL CEASER	onectioning this market, preside t	561 569-7345	
	r Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Fiting Fee	S30.00 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Tallahassee oc Street, Suite 810
Tallahassee,	FL 34314	Z41J IV. MIOHI	or anter, anne orv

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records. DECRETARY OF STATE

FILED

TRAVELON HOLLYWOOD LLC

2020 AUG 10 PM 12: 55

	(A Florida Limited Liability Company)	IALLAHASSEE, FI.	
The Articles of Organization for this Limited I Florida document number L19000161966		019 and assigned	
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our recor	ds, enter the name of the new registe	
Name of New Registered Agent:	MICHAEL CEASER		
New Registered Office Address:	2700 W ATLANTIC BLVD SUITE 203		
	0 01 11	treet address	
	Enter Florida s.		
<u> </u>	POMPANO BEACH	, Florida 33069	

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
AMBR	SAMUEL MESSINGER	2700 W ATLANTIC AVE SUITE 203	□Add
		POMPANO BEACH FL 33069	
			□Change
			□ Add
			Remove
			□ Change
			
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ective date, if other than the dots of effective date is listed, the date must be the lift this block that are the date inserted in this block turnent's effective date on the Dep	ck does not meet the ap	plicable statutory filing	ore than 90 days after filing.) g requirements, this date v	Pursuant to 605.020 vill not be listed a
and serious to date on the set	Million of State 3 feet	ACG.		
cord specifies a delayed effective s filed.	date, but not an effective	ve time, at 12:01 a.m. c	on the earlier of: (b) The	90th day after the
JUNE 30TH	2020			
		7		
	signature of a member or a		a Campanhar	<u>.</u>