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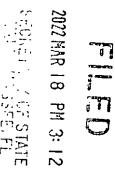
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Y. SCOTT MAR 2 6 2022

COVER LETTER

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SUB IECT		•					
SUBJECT	•	Name of Lin	nited Liability Company	•			
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please retu	rn all correspo	ondence concerning this matter	to the following:				
		OSVALDO RODRIGUEZ	Z CRUZ				
			Name of Person				
	89 MILLAS TRAVEL LLC Firm/Company						
	89 MILLAS TRAVEL LLC Firm/Company 8425 SANDSTONE LAKE DR APT 202 Address TAMPA FL 33615 City/State and Zip Code OVICRUZ06@GMAILCOM E-mail address: (to be used for future annual report notification) urther information concerning this matter, please call: ALDO RODRIGUEZ CRUZ Name of Person Name of Person Read Code Daytime Telephone Number Description of Status Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy Certificate Co	20 S i					
		-	Address	22 M			
		TAMPA FL 33615		2022 HAR 18			
		-		THE PERMIT			
For further	information c		•				
OSVALDO	O RODRIGUE	EZ CRUZ	,				
	Name o	f Person		ne Telephone Number			
Enclosed is	s a check for th	he following amount:					
■ \$25.00	Filing Fee	•	Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	_			action			
	-						
P	O. Box 632	.7	The Centre of	Tallahassee			
T	allahassee, l	FL 32314	2415 N. Monro	be Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

89 MILLAS TRAVEL LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Com</u> (A Florida Limite	ipany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 10/15/2021 and assigned
Florida document number L21000451327	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
89 MILLAS AGENCY LLC	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	20 Se
	22 H
Enter new mailing address, if applicable:	3 1
Mailing address MAY BE A POST OFFICE BOX)	φ , α
Mutung duaress MAT BE A POST OFFICE BOX	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 =	Мапа	ger	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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cord specifies a delayed effective da s filed.	e, but not ar	n effective ti	me, at 12:01	a.m. on the ea	arlier of: (b) T	ne 90th o	day after th
ed MARCH 16	· · .	2022	·				
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