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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPANY COMBO, LLC

Account Number: I20160000033 Phone : (866)428-2030 Fax Number : (407)308-0481

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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K. SALY

TO:

Page: 3 of 6

Registration Section

COVER LETTER

	Corporations					
M&G ' SUBJECT:	TRAVEL AGENCY, LLC					
Name of Limited Liability Company						
The enclosed Article	es of Amendment and fec(s) are sub-	mitted for filing.				
Please return all con	respondence concerning this matter	to the following:				
	PAMELA ARRIOLA					
		Name of Person	<u> </u>			
	COMPANY COMBO, LL	C				
		Firm/Company				
	7345 W SAND LAKE RD	7345 W SAND LAKE RD STE 210				
		Address				
	ORLANDO, FL 32809					
		City/State and Zip Code				
	DOCS@COMPANYCOMI	3O.COM to be used for future annual report notifi	ication)			
- 0 1 20 .			(Section)			
For further informat	ion concerning this matter, please c					
PAMELA ARRIOL	_A 	866 428-2030 at ()				
N:	ame of Person	Area Code Daytime	Felephone Number			
Enclosed is a check	for the following amount:					
■ \$25.00 Filing F	ee S30.00 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)			
<u>MailingAc</u> Rooistrat		<u>StreetAddress:</u> Registration Sec	tion			
Registration Section Division of Corporations			Division of Corporations			

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEL.
2022 APR-5 PM 4: 14
TALLAHASSALLE LOND

M&G TRAVEL AGENCY, LLC

Page: 4 of 6

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company Florida document number <u>L22000133684</u>	were filed on <u>03/17/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> i	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	fity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	address on our records e	nter the name of the new regis
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records s	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records s	
agent and/or the new registered office address here:	Enter Florida street o	
Name of New Registered Agent:	Enter Florida street a	

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.

14073080481

From: Diego San

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

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
AMGR	GUELSY LIANNE LUNA QUINT	3273 W 103 RD TERRACE	□Add
		HALEAH, FLORIDA, 33018	≣Remove
			□Change
			□Remove
			Change Service
			Add C
			Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 🗀 Add
			Remove

From: Diego Sampai

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee