

**L04000004661**

Florida Department of State  
Division of Corporations  
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((H04000020398 3))

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From: Account Name : HUBCO  
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**SECRET REQUEST**

1/30/04

**LIMITED LIABILITY AMENDMENT**  
**VOGUE TRAVEL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$30.00

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*Handwritten signature and date: 1/30/04*

APPROVED AND FILED  
04 JAN 30 PM 5:07  
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TALLAHASSEE, FLORIDA

RECEIVED  
04 JAN 30 PM 2:04  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

January 29, 2004

VOGUE TRAVEL, LLC  
874 HUNTER'S CREEK DRIVE  
WEST MELBOURNE, FL 32904

SUBJECT: VOGUE TRAVEL, LLC  
REF: L04000004661

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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Trevor Brumbley  
Document Specialist

FAX Aud. #: H04000020398  
Letter Number: 704A00006090

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JAN 30 PM 3:37

APPROV  
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FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF  
**Vogue Travel, LLC**

H04000020398

FIRST: The date of filing of the filing of articles of organization was: **January 20, 2004**  
SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**874 Hunter's Creek Drive  
West Melbourne, FL 32904**

**Mailing Address:**

**874 Hunter's Creek Drive  
West Melbourne, FL 32904**

**Is amended to read as follows:**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**847 Hunter's Creek Drive  
West Melbourne, FL 32904**

**Mailing Address:**

**847 West Melbourne, FL 32904  
West Melbourne, FL 32904**

**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**

The name and Florida street address of the registered agent are:

**Cynthia Cintron**

Name

**874 Hunter's Creek Drive**

(P.O. Box or Mail Drop Box NOT Acceptable)

**West Melbourne, FL 32904**

(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.*

  
\_\_\_\_\_  
**Registered Agent's Signature - Cynthia Cintron**

**Prepared By:**

**Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940**

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04 JAN 30 PM 3:57  
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STATE  
TALLAHASSEE

Is amended to read as follows:

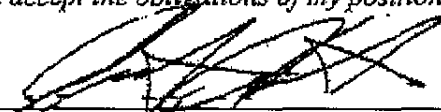
**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature**  
The name and Florida street address of the registered agent are:

Cynthia Cintron  
Name

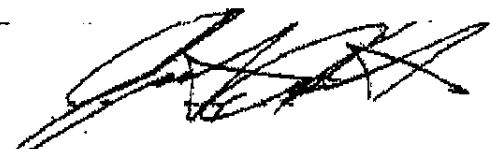
847 Hunter's Creek Drive  
(P.O. Box or Mail Drop Box **NOT** Acceptable)

West Melbourne, FL 32904  
(City / State / Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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.*

  
\_\_\_\_\_  
*Registered Agent's Signature - Cynthia Cintron*

Date: 01-28-04

  
\_\_\_\_\_  
*Signature of a member or authorized representative of a member.*

Cynthia Cintron  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FL 32305  
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