L04000039507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2019 MAR 18 PM 12:06
TALLAHASSEE, FLORIDA

FEB 01 2019

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COVER LETTER

TO: **New Filing Section**
Division of Corporations

2019 MAR 18 PM 4:06

SUBJECT: Commodore Travel Consultants LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra Wolf
Name of Person

Commodore Travel Consultants
Firm/Company

414 Commodore Circle
Address

Delray Beach, FL. 33483
City/State and Zip Code

Sandy.Commodoretravel@Email.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandy at (561) 573-0474
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- [ ] $125.00 Filing Fee
- [ ] $130.00 Filing Fee & Certificate of Status
- [ ] $155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2019 MAR 18 PM 4:06

Commodore Travel Consultants L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 5-25-04 and assigned Florida document number L04000034507

This amendment is submitted to amend the following:

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 designation "L.L.C." 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)

_____

_____

_____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered 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 Agent:

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

Title	Name	Address	Type of Action
MGR	CLAUDIA MACE	414 COMMODORE CIR. DELRAY BEACH	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 1/29/19

Claudia E Mace Sandra Wolf

Signature of a member or authorized representative of a member

Claudia E Mace Sandra Wolf

Typed or printed name of signee

Filing Fee: $25.00

Commodore Travel Consultants, LLC

414 Commodore Circle Delray Beach, Florida 33483

Phone number: (561) 573-0474 Email: Sandy.Commodoretravel@gmail.com

Florida Department of State
Division of Corporations
Re: LO4000039507
2/21/2019

Please add Claudia Mace as authorized manager. I will remain Owner/Manager.
Thank you,
Sandra Wolf