

L04000039507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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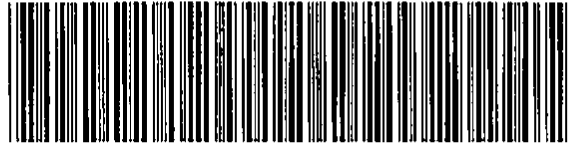
(Business Entity Name)

(Document Number)

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2019 MAR 18 PM 4:06
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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

COMMODORE TRAVEL CONSULTANTS, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 MAR 18 PM 4:00
FILED
CLERK OF CIRCUIT COURT
JULIA HARRIS

The Articles of Organization for this Limited Liability Company were filed on 5-25-04 and assigned Florida document number 2004000034507

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 "LLC" or the abbreviation "LLC."

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

State

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDIA MACE	414 COMMODORE CIR. DELRAY BEACH	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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.

Dated

1/29/19

Candice Mace

Sandra Wolf

Signature of a member or authorized representative of a member

Claudia E Mace

Sandra Wolf

Typed or printed name of signee



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