

LO5000080569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

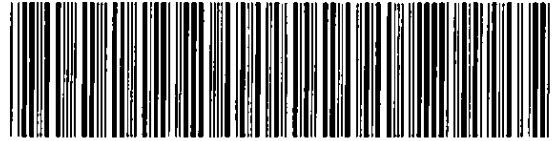
(Business Entity Name)

(Document Number)

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08/16/23--01012--013 \*\*60.00

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2023 AUG 16 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GOOD LIFE TRAVEL, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

David L. Jaye

\_\_\_\_\_  
Name of Person

Good Life Travel, LLC.

\_\_\_\_\_  
Firm/Company

2856 Shady Oak Court

\_\_\_\_\_  
Address

Clearwater, FL. 33761

\_\_\_\_\_  
City/State and Zip Code

davidljaye@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David L. Jaye

727 644-6822  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee       \$30.00 Filing Fee & Certificate of Status       \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

GOOD LIFE TRAVEL, LLC.

(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 August 16, 2005 and assigned Florida document number L05000080569.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

GOOD LIFE TRAVEL, LLC.

200 9th Avenue North, Suite 150-D

Safety Harbor, Florida 34695

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

GOOD LIFE TRAVEL, LLC.

2856 Shady Oak Court

Clearwater, Florida, 33761

SECRETARY OF STATE  
TALLAHASSEE, FL  
2023 AUG 16 AM 8:46  
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**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:

David L Jaye

New Registered Office Address:

200 9th Avenue North, Suite 150-D

*Enter Florida street address*

Safety Harbor

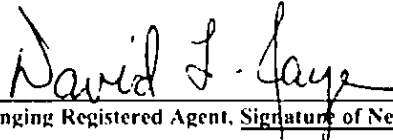
*City*

Florida 35695

*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	David L Jaye	200 9th Ave N, Suite 150-D Safety Harbor, Fl. 34695	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michele Manzi		<input type="checkbox"/> Add
		200 9th Ave N, Suite 100, Safety Harbor, Fl. 34695	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	David L Jaye		<input type="checkbox"/> Add
		2856 Shady Oak Ct, Clearwater, Fl. 33761	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 15 August 2023 (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 August 15, 2023.

David L. Jaye  
Signature of a member or authorized representative of a member

DAVID L. JAYE  
Typed or printed name of signee