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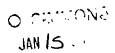
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AU ABOUT YOU TRAVEL UC 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:	
GUY BURGESS Name of Person	
Name of Person	
TRAVEL RESOURCES LIC	
9168 FLINT COURT	
NAPLES, Et. 34120. City/State and Zip Code	
GW. BURGESS @ CUATC. NET E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Guy Bul Géss at (239) 2989497 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limi	YOU V led Liability Comps (A Florida Limited	any as it now appears on Liability Company)	our records.)	To a
The Articles of Organization for this Limited L	iability Company <u>6138</u> 5	were filed on OE	15/2006	and assigned
This amendment is submitted to amend the foll	owing:			.a
A. If amending name, enter the new name o	f the limited liab	ility company here:		3
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applic	able:	SUITE	8	
(Principal office address MUST BE A STREE	T ADDRESS)	93911	DVERSEAS	HIGHWAY
		TAVELNIE	2 FL 3	HIGHWAY 33070
Enter new mailing address, if applicable:		TRAVEL	RESOURCE	es uc
(Mailing address MAY BE A POST OFFICE	BOX)	9168 tu	INT COUR	<u> </u>
				120
B. If amending the registered agent and registered agent and/or the new registered o			r records, enter	the name of the new
Name of New Registered Agent:		Guy Bw	RGES5	
New Registered Office Address:		13911 DVERS Enter Florida s	BAS HI GITU treet address	•
	TANBER	City	, Florida <u>X</u>	33070 Zip Code
New Registered Agent's Signature, if changing l	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>	Address	Type of Action
MGR	DEUE CLEAVELAND	SUITER, 93911 DVERSEAS HU	J □ Add
		TAVERNIER. PL 33070	Remove
			Change
			Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to cete: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not a he 90th day after the record is filed.	on effective time, at 12:01 a.m. on the earlie
ed 07 JAN 2019	
	C
Signature of a member or authorize	red concentative of a mambae

Page 3 of 3

Filing Fee: \$25.00