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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

Division of (Corporations		
SUBJECT:	GOTTA GET A	WAY TRAVELS, LLC	
	(Name of L	imited Liability Company)	<u> </u>
The enclosed Articles	s of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
	Ту	∕ra Cain	
		(Name of Person)	
GOTTA GET AWAY TRAVELS, LLC			
	(Firm/Company)		
	11EE A A	Markany Cirola	
	1155-A P	Allegheny Circle	
		(Address)	
Jacksonville, FL 32212			
	(City	y/State and Zip Code)	
For further information	on concerning this matter, please	call:	
	Tyra Cain	904 779	5744
	Tyra Cain (Name of Person)	at (904) 779- (Area Code & Daytim	
	((,
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	\$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(manuscrim coby is enclosed)
	•		

TO:

Registration Section

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 **OF**

Gotta Get Away Travel, LLC (Present Name) (A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on document numberL060000664455 and assigned		
SECOND:	This amendment is submitted to amend the following:		
	There needs to be an (s) to "Travel." Instead of "Gotta Get		
	Away Travel, LLC" I need it to be "Gotta Get Away Travels, LLC."		
	Thank You so much,		
	Tyra Cain		
Dated	August 04 , 2006 .		
	Signature of a member or authorized representative of a member		
	Tyra Cain Typed or printed name of signee		
	rypes or printed manie or argine		