2/18/1013 13:2 Ø, rporation Division

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A. Account Number : I20010000025 Phone : (305)935-3500 Fax Number : (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| - 40 Em | ail Address: | | | | |
|------------------------------------|--|---------|---------|--|--|
| LEIVED 16 PH 3: 1 ASSEE FLOR | LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARAI TOURS LLC | | | | |
| DEC DEC | Certificate of Status | 0 | | | |
| 13 | Certified Copy | 0 | | | |
| | Page Count | 03 | | | |
| | Estimated Charge | \$25.00 | CALY | | |
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EXAMINER DEC 17 2013

12/16/2013

12/16/2013 13:29 FAX

LEOPOLD KORN LEOPOLD SNY

£002/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 13 DEC 16 AH 10: 19 ALI AVIASSES, FLORIDA

SARAI TOURS LLC

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

08/28/2007 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L07000088254 Florida document number ____

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 end with 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)

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: | LEOPOLD KORN, P.A. | | | |
|--------------------------------|---------------------------------|-----------------|--|--|
| New Registered Office Address: | 20801 Biscayne Blvd., Suite 501 | | | |
| | Enter Florida street address | | | |
| | Aventura | , Florida 33180 | | |
| - | 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 608, 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

Page 1 of 3

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| Title | Name | Address | Type of Action |
|-------|----------------------|---|----------------|
| MGR | JOYCE S. REED | 20801 BISCAYNE BLV, SUITE 403 | Add |
| | | AVENTURA, FL 33180 | Remove |
| MGR | G.LEONARD TEITELBAUM | c/o Leopold Korn, P.A. | 🗙 Add |
| | | 20801 Biscayne Blvd., Suite 501 Aventura, FL 33180 | Remove |
| | | | [] Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

D Dated_ 2013 ignature of a member or authorized representative of a member G.Leonard Teitelbaum Typed or printed name of signce Page 3 of 3

Filing Fee: \$25.00