

L07000088254

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
Phone : (786) 899-2235  
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.\*\***

Email Address: msc@leopardkorn.com

RECEIVED  
2016 NOV -9 AM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SARAI TOURS LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 NOV -9 A 10:52

FILED

S Warren

NOV 10 2016

Nov. 9. 2016 5:00PM

No. 0052 P. 2

COVER LETTER

H160002773503

TO: Registration Section  
Division of Corporations

SUBJECT: SARAI TOURS 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:

Melissa Sosa, RE Paralegal

Name of Person

Leopold Korn, P.A.

Firm/Company

20801 Biscayne Blvd. Suite 501

Address

Aventura, FL 33180

City/State and Zip Code

msosa@leopoldkorn.com

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

For further information concerning this matter, please call:

Melissa Sosa

at (786)

899-2232

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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

H160002773503

Nov. 9. 2016 5:01PM

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

**SARAI TOURS 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 28, 2007 and assigned  
Florida document number L07000088254.

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)

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*

*Florida*

*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

Nov. 9. 2016 5:01PM

No. 0052 P. 4

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TEITELBAUM, G. LEONARD	C/O LEOPOLD KORN, P.A.	<input type="checkbox"/> Add
		20801 BISCAYNE BLVD., #501	<input checked="" type="checkbox"/> Remove
		Aventura, FL 33180	<input type="checkbox"/> Change
MGR	Joyce Schoonenberg Reed	1250 East Hallandale Beach Blvd	<input checked="" type="checkbox"/> Add
		Suite 1007	<input type="checkbox"/> Remove
		Hallandale Beach, FL 33009	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2016 NOV 9 AM 5:21  
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TALLAHASSEE, FLORIDA

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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.

(b) The 90th day after the record is filed.

Dated November 7 2016.

Signature of a member or authorized representative of a member

**Joyce Schoonenberg Reed**

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**

2015-07-09 A 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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