107000118519

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Olly/Gutto/2),p// Horic //
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:

Office Use Only



600343896476

05/01/20--01015--006 **60.00



Amand CC C

MAY 1 8 2020 I ALBRITTON

COVER LETTER

то:	Registration Se Division of Cor					
SUB IF	MADISON TRAVEL & TOURS, LLC ECT: Name of Limited Liability Company					
SUBJEC						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	endence concerning this matter	to the following:			
		RONALD E RAGANS				
		***	Name of Person	***		
		MADISON TRAVEL & T	MADISON TRAVEL & TOUR, LLC			
			Firm/Company			
		377 NE ALYSSUM LOOI	p			
		Address				
	MADISON FL 32340					
		City/State and Zip Code				
		madisontraveltours@comca	ist.net to be used for future annual report notif			
For furth	er information c	oncerning this matter, please of		ication)		
	.DE RAGANS		850 673-9569			
KONAL		on.	at ()	**		
	Name o	t Person	Area Code Daytime	Telephone Number		
Enclosed	I is a check for th	ne 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 Addres		Street Address:			
Registration Section			Registration Sec			

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No state of the st

MADISON TRAVEL & 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 NOVEMBE	R 28, 2007 and assigned
Florida document number 1.07000118519		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	405 - A	
(Principal office address MUST BE A STREET ADDRESS)	NE ALYSSUM LOOP	
	MADISON FL 32340	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		. Florida
	Сіцу	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 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 ad or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	MARILYN F RAGANS	377 NE ALYSSUM LOOP	≣ Add
		MADISON F1. 32340-4144	□Remove
			□Change
AMBR	LAUREN R. MCCULLOUGH	1065 WASHINGTON ST	■Add
		WAYCROSS GA 31503-8810	□Remove
			□Change
AMBR	LISA R HURST	4512 MAYO DRIVE	= Add
		COLUMBUS GA 31909	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		 	□Add
			□Remove
			□Change

Page 2 of 3

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
-	
•	
-	·
Note:	ive date, if other than the date of filing: [cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Korall Claras
	Signature of a member or authorized representative of a member
	RONALD E RAGANS
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00