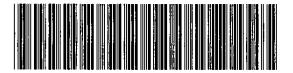
•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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NOV - 4 2008

EXAMINER



400137239334

11/03/08--01021--020 **25.00

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: AW	AWA TRAVEL TOUR (Name of Lim	S & TRANSPORTATION Sited Liability Company)	envices, LLC.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Awa	(Name of Person) WA TRAVEL TOURS & Trave (Firm/Company) 21 SW 117 AVE (Address) Miami, FL 33186 (City/State and Zip Code)	
	oncerning this matter, please c	all:	
Elizabeth (Name	SALVO of Person)	at (<u>305)</u> 494 – 49 (Area Code & Daytime T	7 <i>09 08 (305) 253~6121</i> Felephone Number)
Enclosed is a check for the	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 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**

AWAWA TRAVEL TOURS	y as it now appears on our records.) (ability Company)	<u>,ll</u> c	
(A Florida Limited Li	ability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	and assig	gned
Florida document number <u>ST 37142</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC"	or the ab	breviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	14721 SW 117 AVE	- 8	<u> </u>
	Miami, FL 33186		SEE -
Enter new mailing address, if applicable:	14721 SW 117 AVE	-\frac{1}{2}	SE C
(Mailing address MAY BE A POST OFFICE BOX)	Miami FL 33186	3	200
		<u> </u>	314
B. If amending the registered agent and/or registered off	ing address on our records, enter the	57 O	The new
registered agent and/or the new registered office address here		name or	the new
Name of New Registered Agent: ANA N	1. VALdes		_
New Registered Office Address: 1472.	SW 117 AVE		
	(Enter Florida street addres	s)	
	(City), Florida	3/86/ Zip Code	<u>•</u>
New Pagistared Agent's Signature if changing Pagistared Agent.	(-10)	J.p 0040,	r

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)

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 = N	lanaging Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mas.	ANA M. VAldes	14721 SW 117 AVE MIAMI, FL 33186	Add Remove
Mr.	ADSISN AKEXANDER	14721 SW 117 AVE Miami, Tel. 33186.	Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
· .			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
·			<u> </u>
_			
Dated	10/29/2008 Dansetto	of a member	
	Dizabeth Cal	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00