

L08000011412

SEP-18-09:04 AM FROM: AMBAR DIAZ, P.A.  
9/16/2015

SEP-18-09:04 AM TO: (850) 617-6383  
Division of Corporations

P.1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H150002235283ABC

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

From:  
Account Name : AMBAR DIAZ, P.A.  
Account Number : I20110000016  
Phone : (305)476-8100  
Fax Number : (305)476-8788

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

Email Address: franciscofuentes@live.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COSNEL TRAVEL, LLC

Certificate of Status	0
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SEP 18 2015

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September 18, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

COSNEL TRAVEL, LLC  
8794 SW 8 STREET  
#32  
MIAMI, FL 33174US

SUBJECT: COSNEL TRAVEL, LLC  
REF: L08000011412

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC.  
FORM LOCATED UNDER LIMITED LIABILITY FORMS, FORM #2 AMENDMENT FORM.  
Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

FAX Aud. #: H15000223528  
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((H15000223528 3)))

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

(((H15000223528 3)))

COSNEL TRAVEL, 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 JANUARY 31, 2008 and assigned  
Florida document number L08000011412

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NO CHANGES

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:

NO CHANGES

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGES

(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:

NORA DOMINGUEZ

New Registered Office Address:

Enter Florida street address

NO CHANGES

Florida

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 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 added or removed from our records:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MIRIAM MONTES	8794 SW 8 ST	<input type="checkbox"/> Add
		#32	<input checked="" type="checkbox"/> Remove
		MIAMI, FL .33174	<input type="checkbox"/> Change
MGRM	NORA DOMINGUEZ	8794 SW 8 ST	<input checked="" type="checkbox"/> Add
		#32	<input type="checkbox"/> Remove
		MIAMI, FL 33174	<input type="checkbox"/> Change
MGRM	FRANCISCO FUENTES	8794 SW 8 ST	<input checked="" type="checkbox"/> Add
		#32	<input type="checkbox"/> Remove
		MIAMI, FL 33174	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

NO CHANGES

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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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated SEPTEMBER 16, 2015

  
Signature of a member or authorized representative of a member

MIRIAM MONTES

Typed or printed name of signee

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Filing Fee: \$25.00

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