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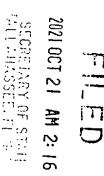
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COVER LETTER

TO:

TO: Registration S Division of Co	ection rporations				
	E-TRIPS.LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MANUEL VALLINA GR	ISANTLESQ.			
		Name of Person			
	VALLINA GRISANTI, PA	۸			
		Firm/Company			
Po E	30X 266451				
Address					
	WESTON, FL, 33326				
City/State and Zip Code					
	lawmvg@gmail.com				
For further information	econcerning this matter, please c	to be used for future annual report no all:	otification)		
MANUEL VALLINA GRISANTLESQ.		305 299-2638			
Name	of Person		ime Telephone Number		
Enclosed is a check for	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	ection		
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

E-TRIPS, LLC

2021 OCT 21 AM 2: 16

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

TATT ARASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{02/08/2008}{1}$ _____ and assigned Florida document number 1.08000014604 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 "LLC." 389 BLUE CYPRESS DR. Enter new principal offices address, if applicable: GROVELAND, FL 34736 (Principal office address MUST BE A STREET ADDRESS) 389 BLUE CYPRESS DR. Enter new mailing address, if applicable: GROVRLAND, FL 34736 (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 _, Florida ___ City

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALBERTO VILLEGAS	8555 NW 29TH STREET	
		DORAL, FLORIDA, 33122	■Remove
			□Change
MGR	OSWALDO J. SANDOVAL	8555 NW 29TH STREET	□∧dd
		DORAL , FLORIDA 33122	=Remove
			Change
			□Add
			Remove
		<u> </u>	
			□Add
		-	□Remove
			□Change
			🗆 Add
			□Remove
			Change
			□Add
			Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. OCTOBER 15TH 2021 Signature of a member MANUEL VALLINA GRISANTI, ESQ. R.A. Typed or printed name of signee