L08000031593

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: FLORIDA FANTASY TRADE SHOW INTERNATIONAL 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:

PATRICIA ROJAS BRECKER
(Name of Person)

FLORIDA FANTASY TRADE SHOW INTERNATIONAL LLC
(Firm/Company)

1087 S HIAWASSEE RD UNIT 423
(Address)

ORLANDO, FL 32835
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA ROJAS BRECKER at (407) 473-1123
(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

FILED

2008 OCT 13 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA FANTASY TRADE SHOW INTERNATIONAL 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 03/27/2008 and assigned Florida document number L08000031593.

This amendment is submitted to amend the following:

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

F.P. TOURS LLC

The new name must be distinguishable and end with 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)

1087 S HIAWASSEE RD UNIT 423
ORLANDO, FL 32835

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1087 S. HIAWASSEE RD UNIT 423
ORLANDO, FL 32835

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) *(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 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 = Managing Member

Title	Name	Address	Type of Action
MGRM	FERNANDO FREIRE	1087 S HIAWASSEE RD. UNIT 423 ORLANDO, FL 32835	☑ Add ☐ Remove
MGRM	JOHANNA SEGOVIA	954 PARK TERRACE CIR KISSIMMEE, FL 34746	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 8TH, 2008.

Signature of a member or authorized representative of a member

PATRICIA ROJAS BRECKER
Typed or printed name of signee

FILED
2008 OCT 13 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00