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To page 1

T. CLINE

JUN - 9 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elite To	ravel Destinations, L	LC		+	
	(Name of Lin	nited Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Carl Cuebas				
		(Name of Person)			
•					
	113 Monterey Oaks Drive (Address)				
	Sanford, FL 32771		Ā	200	
	<u></u>	(City/State and Zip Code)	CC	7000 JUN -	
			HH	1	
For further information	concerning this matter, please of	eall:	SSE	O' .	
Carl Cuebas		at (407) 227-9900	E.F.S	AH 10: 50	
	of Person)	at (407) 227-9900 (Area Code & Daytime T	Celephone Number)	ب	
		,	i Om	0	
Enclosed is a check for t	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 Sta Certified Copy (additional copy	atus &	

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

Elite Travel Destinations, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our red Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company were filed on May 12, 2008				ned
Florida document number L08000047464				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the desi	ignation "LLC	" or the ab	breviatio
L.L.C.		72.00	700	
Enter new principal offices address, if applicable:		<u> </u>	3	0;F
(Principal office address MUST BE A STREET ADDRESS)		CRETARY OF AHASSEE, F	É	H-1
		<u> </u>	<u> </u>	SATE OF
		HOU!		gavara etj
Enter new mailing address, if applicable:		10 10 10 10	Ö	*15118"
<u> </u>	· · · · · · · · · · · · · · · · · · ·	FSTATE	50	
(Mailing address MAY BE A POST OFFICE BOX)	·	********		
	 	 		
			_	_
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, <u>enter the</u>	name of	the nev
registered agent and/or the new registered office address ne	ere:			
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
	,F	lorida		
-	(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 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

<u>Title</u>	Name	Address	Type of Action
MGR	Victoria Cuebas	113 Monterey Oaks Drive Sanford, FL 32771	Add Remove
MGR	Carl Cuebas	113 Monterey Oaks Drive Sanford, FL 32771	Add Remove
·			Add Remove
			Add Remove
	ag any other information enter shange(s	AHA SS	Add Remové
	ig any other imormation, enter change(s	here: (Attach additional sheets, if necessary	9 10: 50
Dated May 14	, 2008	·	
-	Carl Cuebas	authorized representative of a member	

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Filing Fee: \$25.00