L08000047464

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
108 - 47464 (Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Elite travel Destinations LC. (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:				
Carl Cuebas (Name of Person) Elite Trave Destinations, LLC. (Firm/Company) 91C 5. Charles Richard Bealle Blud (Address) Debary, Fl. 32713 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Diana Villani at (407, 402-2117 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$25.00 Filing Fee \$255.00 Filing Fee \$2555.00 Filing Fee \$25555.00 Filing Fee \$2555.00				

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 28, 2008

CARL CUEBAS 91C S. CHARLES RICHARD BEALLE BLVD. DEBARY, FL 32713

SUBJECT: ELITE TRAVEL DESTINATIONS, LLC

Ref. Number: L08000047464

We have received your document for ELITE TRAVEL DESTINATIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (1) of the amendment form. I am enclosing the form.

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) 245-6067.

Letter Number: 008A00055312

Neysa Culligan Document Specialist

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

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•	Or	SECRETE
+111 A.	1 7 010	SECRETARY OF STATE
Name of the Limited Liability	Lestive	STIMS CC LONINA
(A Florida	ty Company as it now appea a Limited Liability Company)	is on our records.)
The Articles of Organization for this Limited Liability	Company were filed on N	ICU 1212008 and assigned
Florida document number <u>L080000 4746</u>	. L	and assigned
riorida document number L00000 - 17-10		
Γhis amendment is submitted to amend the following:		
•		
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :
The new name must be distinguishable and end with the we'L.L.C."	ords "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	PRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		our records, enter the name of the new
egistered agent and/or the new registered office ad-	aress nere.	
Name of New Registered Agent:		
		
New Registered Office Address:	//	nter Florida street address)
	(E	mer r wraa sireei aaaressj
,	(City)	, 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 <u>Title</u> Name **Address** Type of Action #316 Adam Leipold Joann Buono MGR 14 Add Remove MGR 🗖 Add Remove ☐ Add Remove □ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OF TRACES F. CHESTON Sec. 1 Signature of a member or authorized representative of a member LUL DAS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00