

11/25/2009 5:14 407-582-9832

AIT PLUS CONSULTING

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Division of Corporations

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Florida Department of State  
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A TO Z TRAVEL & TOURS, LLC

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November 25, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AIT PLUS CONSULTING

SUBJECT: A TO Z TRAVEL & TOURS, LLC  
REF: L08000080737

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 registered agent must sign accepting the designation.

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.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #:  
Letter Number: 909200036505

P.O. BOX 6327 - Tallahassee, Florida 32314

N. Culligan NOV 30 2009

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4075829832

AIT PLUS CONSULTING

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

A to Z TRAVEL & TOURS, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 08/22/2008 and assigned  
Florida document number L08000080737

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 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)

8421 S ORANGE BLOSSOM TRAIL # 112

ORLANDO, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8421 S ORANGE BLOSSOM TRAIL # 112

ORLANDO, FL 32809

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:

MARCELO D PINHEIRO

New Registered Office Address:

8421 S ORANGE BLOSSOM TRAIL # 109

Enter Florida street address

ORLANDO

Florida

32809

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.

Marcelo D Pinheiro  
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Marcelo D Pinheiro	8421 S Orange Blossom Trail # 109 Orlando, FL 32809	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 11/21/2009

Signature of a member or authorized representative of a member

Antonio F. C. Cavalcanti

Typed or printed name of signer

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