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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Name : AIT PLUS CONSULTING

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A TO Z TRAVEL & TOURS, LLC

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11/25/2009 15:14

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11/25/2009 B:37:37 AM PAGE 1/001

Fax Server



November 25, 2009

FLORIDA DEPARTMENT OF STATE
Davision of Corporations

AIT PLUS CONSULTING

SUBJECT: A TO % TRAVEL & TOURS, LLC

REF: 108000080737

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 filling of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II FAX Aud. #:

Letter Number: 909200036505

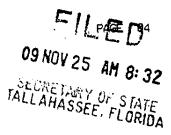
P.O BOX 6327 - Tallahassee, Florida 32314

11/25/2009 16:50

11/25/2009 15:14

4075829832

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A to Z	TRAVEL	<u>s Tours, Ll</u>	<u>.C</u>		
(Name of the Limited L (A F	iability Compar lorida Limited L	v as it now annear lability Company)	s on our records.)	<del></del>	
,,,,,,					
The Articles of Organization for this Limited Liai	oility Company	were filed on	08/22/2008	and assigned	
Florida document numberL080000807	<u> </u>				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	<u>he limited liab</u>	Mity company her	<b>a:</b>		
The new name must be distinguishable and and with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicat	bles	8421 S ORANGE BLOSSOM TRAIL # 112			
(Principal office address MUST BE A STREET		ORLANDO, F	L 32809		
Enter new mailing address, if applicable: ( <u>Mailing address MAX BE A POST OFFICE BOX)</u>		8421 S ORANGE BLOSSOM TRAIL # 112 ORLANDO, FL 32809			
B. If amending the registered agent and/or registered agent and/or the new registered of it	r registered of ce address her	lice address on ( g:	our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	MARCELO	D PINHEIRO			
New Registered Office Address:	ffice Address: 8421 S ORANGE BLOSSOM TRAIL # 109 Enter Florida street address				
		ORLANDO	Florida	32809	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	egistered Agent:	1			

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.

11/25/2009 15:14

MGR = Manager MGRM = Managing Member

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PAGE 05

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 reports:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Marcelo D Pinheiro	8421 S Orange Blossom Trail # 109 Orlando El 32809	Add Remove
			Add Remove
~			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
<del>-</del>			09 NOV 25 SEURETAR TALLAHASS
Dated	11/21/2009 ,	The IT	
	Signature of a	member or authorized representative of a member	B: 32
		Antonio F. C. Cavalcanti Typed or minted name of slenge	

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Filing Fee: \$25.00