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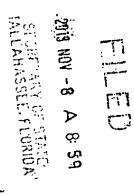
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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
CHD IE		Travel LLC				
SUBJE	<u> </u>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	-			
		Lisa L Thompson				
			Name of Person			
		Mouse Class Travel LLC				
Firm/Company						
	4350 13th Lane NE					
			Address			
	Saint Petersburg FL 33703					
	City/State and Zip Code lisathomps@gmail.com					
		E-mail address: (	to be used for future annual report notifi	ication)		
For furth	ner information co	ncerning this matter, please ca	all:			
Lisa L T	Chompson		716 400-4740			
Name of Person			Area Code Daytime	Telephone Number		
Enclosed	l is a check for the	e 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)		
	M 4 H 17	N/C ADDRESS.	STREET/COURT	CD ADDDECC.		

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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mouse Class Travel LLC

(Name of the Limited Liability Company as it now appears on our reco

		bility Company)		
The Articles of Organization for this Limited Liability C Florida document number L09000015628	Company w	ere filed on Feb	ruary 2501,00V -8	A 8: <b>59</b> and assigned
Florida document number L09000015628			SECRETARY S FALLAHASSEE	F STAF FLORIDA
This amendment is submitted to amend the following:				i
A. If amending name, enter the new name of the lim	ited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability	Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	RESS)			
			_	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		ce address on	our records, <u>enter t</u>	he name of the n
New Registered Office Address:				
	Enter Florida street address			
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete pagent as pro ed office a	erformance of r ovided for in C	ny duties, and 1 am fa hapter 605, F.S. Or, i,	miliar with and Tthis document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Kenneth White		□ Add
		359 Treasure Cay Cove Lake Alfred FL 33850	Remove
			□ Change
Mgr	James J. Thompson, D.O.	4350 13th Lane NE Saint Petersburg FL 33703	Add
			Remove
			Change
		-	Add
			Remove
			□ Change
			Add
			□ Remove
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fective date, if other than the in effective date is listed, the date muster: If the date inserted in this blocument's effective date on the D	date of filing:st be specific and cannot be ock does not meet the a	applicable statutory	or more than 90 days after filing requirements, this	onal) filing.) Pursuant to 605.020 date will not be listed as
record specifies a delayed The 90th day after the rec		ut not an effectiv	ve time, at 12:01 a	.m. on the earlier o
November 5	2019	·		
hix	#h 0.056	r authorized represent		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00