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Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)617-6383

FROM:

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Phone : (407) 582-9830
Fax Number : (407) 582-9832

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TALLAHASSEE FLORIDA

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OPEN TRAVEL & TOURS, LLC

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: OPEN TRAVEL & TOURS, LLC
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:

GUARACI J PEIXOTO

Name of Person

OPEN TRAVEL & TOURS, LLC

Firm/Company

5950 LAKEHURST DRIVE SUITE 179

Address

ORLANDO, FL 32819

City/State and Zip Code

open@opentoursusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUARACI J PEIXOTO

Name of Person

at (321)

283-4768

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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(additional copy is enclosed)

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF****SECRETARY OF STATE
TALLAHASSEE FLORIDA****OPEN TRAVEL & TOURS, LLC**(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/04/2009 and assigned
Florida document number L09000043119.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:**OPEN TOURS & TRAVEL, LLC**

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:

5950 LAKEHURST DRIVE SUITE 179

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

5950 LAKEHURST DRIVE SUITE 179

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32819**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:

GUARACI J PEIXOTO

New Registered Office Address:

5950 LAKEHURST DRIVE SUITE 179

Enter Florida street address

ORLANDOFlorida32819

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.

(Signature)
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Open Viagens e Tour Ltda	R Jornalista Joaquim F Nascimento, 64 Loja 05, Pituba, Shop Ponto 77 Salvador, Bahia, Brazil - CEP 41840-440	<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 07/20/2009

Signature of a member or authorized representative of a member

GUARACI J PEIXOTO

Typed or printed name of signee

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