

L09000057479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

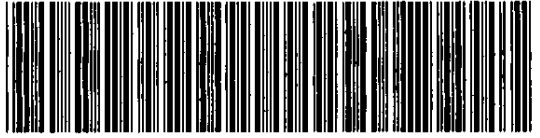
(Business Entity Name)

(Document Number)

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FILED  
10 MAY 17 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 18 2010

EXAMINER

May 12, 2010

Custom Tropical Travel LLC

29671 Bayhead Road

Dade City, FL 33523

To whom it may concern;

Please rush as soon as possible. I am trying to get my bank accounts changed over. I appreciate any help in processing this as soon as possible.

Thanks for your immediate Attention.

Sincerely



Vivian McBride

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10 MAY 17 PM 3:39  
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MCBRIDE FAMILY TRAVEL 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:

VIVIAN MCBRIDE  
Name of Person

CUSTOM TROPICAL TRAVEL LLC  
Firm/Company

29671 BAYHEAD ROAD  
Address

DADE CITY FL. 33523  
City/State and Zip Code

VIVIAN@CUSTOMTROPICALTRAVEL.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

VIVIAN MCBRIDE at (813) 267-3018  
Name of Person 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 & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

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

MCBRIDE FAMILY TRAVEL 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 6/12/2009 and assigned Florida document number 109000057479.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CUSTOM TROPICAL 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:**

(Principal office address MUST BE A STREET ADDRESS)

SAME

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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ALABAMA

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10 MAY 17 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated 5-12, 2010.

Vivian M<sup>c</sup>Bride  
Signature of a member or authorized representative of a member

VIVIAN M<sup>c</sup>BRIDE  
Typed or printed name of signee