

L10000021547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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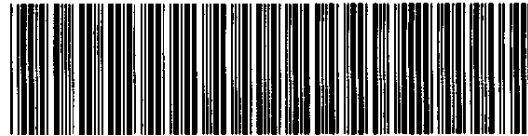
(Business Entity Name)

(Document Number)

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10 JUL 19 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Colligan JUL 20 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** All Travel Visas, 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:

Hector L. Perez

Name of Person

All Travel Visas, LLC.

Firm/Company

1931 N.W. 150 Avenue

Address

Pembroke Pines, Florida. 33028

City/State and Zip Code

info@alltravelvisas.com

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

For further information concerning this matter, please call:

Hector L. Perez

Name of Person

at ( 954 )

665-8648

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**

FILED  
10 JUL 19 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

All Travel Visas, 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 02/25/2010 and assigned  
Florida document number L10000021547.

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:

1931 N.W. 150 Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Pembroke Pines, Florida. 33028

Enter new mailing address, if applicable:

1931 N.W. 150 Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Pembroke Pines, Florida. 33028

**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:

Hector L. Perez

New Registered Office Address:

1931 N.W. 150 Avenue

*Enter Florida street address*

Pembroke Pines

Florida

33028

*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>
MGRM	Hector L. Perez	7770 N.W. 33 Street Hollywood, Florida 33024	<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.)

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

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TALLAHASSEE, FLORIDA

Dated July 14, 2010



Signature of a member or authorized representative of a member

Hector L. Perez

Typed or printed name of signee