L10000029489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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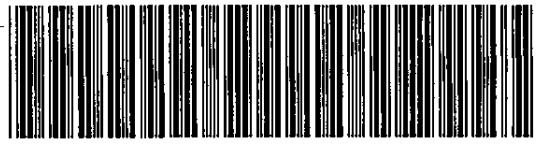

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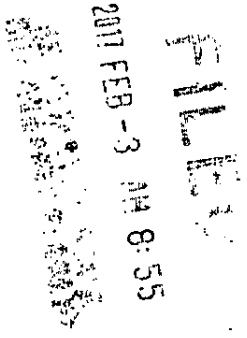

M. MILLIGAN

FEB 06 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2017

WALD AND COHEN PA
ATTN: ALBERT R COHEN CPA
11420 N KENDALL DR, STE 203
MIAMI, FL 33176

SUBJECT: SAMIRACH CONSULTING, LLC
Ref. Number: L10000029489

We have received your document for SAMIRACH CONSULTING, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

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 filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 017A00001168

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAMIRACH CONSULTING 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:

ALBERT R COHEN CPA
Name of Person

WALD AND COHEN PA
Firm/Company

11420 N KENDALL DR SUITE 203
Address

MIAMI, FLORIDA 33176
City/State and Zip Code

golf4foodd@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT R COHEN at (305) 271-3666
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

FILED
2017 FEB -3 AM 8:55

SAMIRACH CONSULTING 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 JUNE 28, 2010 and assigned Florida document number L1000029489.

This amendment is submitted to amend the following:

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

ONE WORLD TRAVEL PRO LLC

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: ALBERT R COHEN CPA

New Registered Office Address: 11420 N KENDALL DR #203
Enter Florida street address

MIAMI, **Florida** 33176
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 605, 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.

Albert R. Cohen CPA
If Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	RAFAEL TESONE	11373 NW 50 TERR.	☒ Add
		DORAL, FL 33178	☐ Remove
		11373 NW 50 TERR	☐ Change
AMBR	CHERYL A. TESONE	DORAL, FL 33178	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JANUARY 30, 2017.

Signature of a member or authorized representative of a member

RAFAEL TESONE

Typed or printed name of signee

2017 FEB -3 AM 8:55

Filing Fee: $25.00