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COVER LETTER

	ion of Corporations	
SUBJECT:	Fourico Holiday Flights LLC	
Scholler	Name of Limited Liability Company	
	Articles of Amendment and fee(s) are submitted for filing.	
	Uri Argov	
	Name of Person	-
	Tourico Holiday Flights, LLC	
	Firm/Company	-
	224 Wood Lake Drive	
	Address	-
	Maitland/FL/32751	
	City/State and Zip Code argovuri@gmail.com	2017
For further infe	E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call:	FILE 2017 JUN 19 F SECRETARIANSSEF.
Uri Argov	407 435-4188 at (
	Name of Person Area Code Daytime Telephone Numbé	ξ: ψ ξ: #b
Enclosed is a c	heck for the following amount:	
■ \$25.00 Fili	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	ite of Status &

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

Tourico Holiday Flights, 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 August 20, 2010 and assigned Florida document number ____L10000087470 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 224 Wood Lake Drive Enter new principal offices address, if applicable: Maitland, FL 32751 (Principal office address MUST BE A STREET ADDRESS) 224 Wood Lake Drive Enter new mailing address, if applicable: Maitland, FL 32751 (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 registered agent and/or the new registered office address here: __ __ Uri Argov Name of New Registered Agent: 224 Wood Lake Drive New Registered Office Address: Enter Florida street address Maitland Florida City

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.

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Uri Argov	224 Wood Lake Drive, Maitland, F	Add
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Vote: If the	date inserted in this	block does not mu	eet the applicabl	e statutory filing	e man 90 days and requirements, th	is date with no	t b <u>e l</u> isted a <u>s</u>
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Filing Fee: \$25.00