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COVER LETTER

TO: Registration Section

Division of Corporations

Planet Express 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:

Susan Blount

Name of Person

Planet Express Travel, LLC

Firm/Company

1864 Manitoba Ct S

Middleburg, FL 32068

City/State and Zip Code

SusanMBlount@yahoo.com

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

For further information concerning this matter, please call:

Susan Blount

at (904) 565-4125

Area Code & Daytime Telephone Number

Name of Person

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

Planet Express Travel, LLC				
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	.)	_	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000107416</u> .	y were filed on October 8, 2010	and	l assigi	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
Planet Express, LLC				
The new name must be distinguishable and end with the words "Lin"L.L.C."	ited Liability Company," the designation	on "LLC" or t	the abb	reviation
Enter new principal offices address, if applicable:		्रीक शुक्ता -	96	***-
(Principal office address MUST BE A STREET ADDRESS)		- 5	C 26	*****
Enter new mailing address, if applicable:	1864 Manitoba Ct S	Y DE STA EEL FLOR	PM 4:	
(Mailing address MAY BE A POST OFFICE BOX)	Middleburg, FL 32068	<u></u>	9	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:			ne of	the new
	, Florid			
	City	Zip C	ode	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
		-	
			Remove
			
			Remove
	<u></u>		Add
			Remove
			Add
			Remove
			Add
			_
			Remove

If ame	ending any, other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
-	
_	
ed D	ecember 21
	A Seet
	Signature of a inember or authorized representative of a member $SUSANB/DUNF$
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00