11000009515

·					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

SUBJECT: Gingerline	Travel LLC		
<u> </u>		ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John Mom	Name of Person	
		Name of Ferson	
	Gingerline Travel LLC	Firm/Company	
		Типьсопрану	
	13107 SW Gingerline Driv	/e Address	
		riodics	
	Port Saint Lucie, FL 3498'	City/State and Zip Code	
	jmorn@bellsouth.net	engroune and zap evide	
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
John Morn		at (954) 249-2105	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres	£.	Stroot Addrage	

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gingerline Travel LLC (Name of the Limited Liab) (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 01/21/2011	and assigned
Florida document number 1.11000009515	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	202
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	r the abbreviation "L.E.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		;
B. If amending the registered agent and/or register agent and/or the new registered office address here:	· 	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Donna Morn	13107 SW Gingerline Drive	■Add
		Port Saint Lucie, FL 34987	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□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 June 10 Signature of a member or authorized representative of a member John Morn Typed or printed name of signee