

L11000037198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

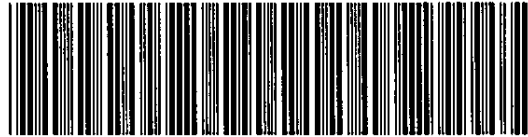
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL 10 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 13 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUL 10 PM 2: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 18, 2015

ZULEICA CALANDRA
7901 KINGSPONTE PKWY STE #08
ORLANDO, FL 32819

SUBJECT: TOB INTERNATIONAL TRAVEL, LLC
Ref. Number: L11000037198

We have received your document for TOB INTERNATIONAL TRAVEL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 915A00010792

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOB INTERNATIONAL 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:

ZULEICA CALANDRA

Name of Person

TOB INTERNATIONAL TRAVEL, LLC

Firm/Company

7901 KINGSPONTE PKWY, SUITE 08

Address

ORLANDO, FL 32819

City/State and Zip Code

ZULEICA@TOB.COM.BR

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

For further information concerning this matter, please call:

KYRIL SRESNEWSKY

407 947-7820
at ()

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

2015 JUL 10 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOB INTERNATIONAL TRAVEL, 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 03/28/2011 and assigned
Florida document number L11000037198.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7901 KINGSPONTE PKWY, SUITE 08

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7901 KINGSPONTE PKWY, SUITE 08

ORLANDO, FL 32819

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:

Zuleica Calandra

New Registered Office Address:

7901 KINGSPONTE PKWY, SUITE 08

Enter Florida street address

ORLANDO

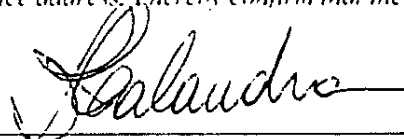
City

Florida 32819

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.



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>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZULEICA CALANDRA	RUA CUNHA 118, SAO PAULO	<input type="checkbox"/> Add
		SAO PAULO, 04037-030	<input type="checkbox"/> Remove
		BRASIL	<input checked="" type="checkbox"/> Change
AMBR	RICARDO E. JUGDAR	RUA CUNHA 118, SAO PAULO	<input type="checkbox"/> Add
		SAO PAULO, 04037-030	<input type="checkbox"/> Remove
		BRASIL	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

(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 (2)(b)

(b) The 90th day after the record is filed.

Healme

Signature of a member or authorized representative of a member

ZULEICA CALANDRA

Typed or printed name of signee

FILED
2015 JUL 10 AM 11:29
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK