

APR-20-2015

09:34

FROM: AMBAR DIAZ, P.A.

SU:54768788

TU:650617383

P.1

4/21/2015

Division of Corporations

L11000051755

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : AMBAR DIAZ, P.A.
Account Number : I20110000016
Phone : (305)476-8100
Fax Number : (305)476-8788

FILED
15 APR 20 PM12:20
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: agenciaorlando@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AGENCIA CRISTIANA OF ORLANDO LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

15 APR 20 AM10:00

BUREAU OF CORPORATIONS
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGENCIA CRISTIANA OF ORLANDO 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:

LISSET MARTINEZ

Name of Person

AGENCIA CRISTIANA OF ORLANDO LLC

Firm/Company

7339 E COLONIAL DR, SUITE #10

Address

ORLANDO, FL 32807

City/State and Zip Code

agenciaorlando@gmail.com

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

For further information concerning this matter, please call:

LISSET MARTINEZ

at (407) 730-7913

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**

AGENCIA CRISTIANA OF ORLANDO LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
15 APR 20 PM 12:20
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MAY 3RD, 2011 and assigned Florida document number L11000051755.

This amendment is submitted to amend the following:

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

CUBA TOURS & TRAVEL OF ORLANDO LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

NO CHANGES

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NO CHANGES

(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:

NO CHANGES

New Registered Office Address:

NO CHANGES

Enter Florida street address

_____, Florida _____

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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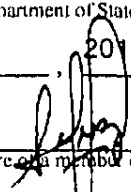
_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 17TH, 2015



Signature of a member or authorized representative of a member

LISSET MARTINEZ

Typed or printed name of signer