L1100005860/6

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B. KOHR
JUL 16 2012
EXAMINER

COVER LETTER

TO:	Registration S Division of Co		•	
SUBJE	CT:	Travel For L	ess Vacations LLC.	o
			ted Liability Company	12 34 -6 V
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	ر ب
Please n	ctum all corresp	ondence concerning this matter	to the following:	· · · · · · · · · · · · · · · · · · ·
		Brenda G. Brenda		
			Name of Person	
		Trave	For Less Vacations LLC	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
40		407 Flagler Aveue		
			Address	 ,
		New Sr	nyrna Beach, Florida 321	69
		u	City/State and Zip Code	
		bren E-mail address: (da mehring@gmail.com to be used for future annual report no	etitication)
For furti	her information	concerning this matter, please o	•	
		thony J. Aiello	at (_386_)	424-6110
	Name	of Person	Area Code & Dayt	time Telephone Number
Enclose	d is a check for	the following amount:	. •	
 S25.	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations 30x 6327 nassee, FL 32314	STREET/COU Registration Set Division of Con Clifton Building 2661 Executive Tallahassee, FL	porations B Center Circle

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF TRAVEL FOR LESS VACATIONS LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Jability Company)	6
The Articles of Organization for this Limited Liability Company	were filed on 4 - 10 - 2012 and assigned	
Florida document number <u>L11000058612</u> .	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabi	<u> </u>	
The new name must be distinguishable and end with the words "Limit" IL.C."	ted Liability Company," the designation "LLC" or the abbrev	iation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		_
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		new
Name of New Registered Agent:	NA	
New Registered Office Address:	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 agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply w plete performance of my duties, and I am familiar with provided for in Chapter 608, F.S. Or, if this documen	and

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name Type of Action <u>Address</u> **MGRM** John Brucellaria 6986 South Atlantic Avenue □ Add New Smyrna Beach, Florida 32169 ✓ Remove MGRM Brenda G. Mehring 1504 South Riverside Drive ✓ Add Edgewater, Florida 32132 Remove ☐ Add ☐ Remove Add Remove ∏Add □Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Anthony J. Aiello Typed or printed name of signee

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Filing Fee: \$25.00