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NOV 1 6 2011

COVER LETTER

	on Section f Corporations	
SUBJECT:	ONE WAY TICKET CENTER LLC	
-	Name of Limited Liability Company	
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	RETHESE C. JIMENEZ	
	Name of Person	
	Firm/Company	
1020 SW 137TH PLACE		
	Address	
	MIAMI, FLORIDA, 33184	ZOLI NOV 14 SECRETARY
	City/State and Zip Code	2 -
	E-mail address: (to be used for future annual report notification)	SSEE T
For further informat	tion concerning this matter, please call:	M 9:
RE ⁻	THESE C. JIMENEZ at (786) 287-1358	36
Na	arne of Person Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:	
\$25.00 Filing Fe	Certificate of Status Certified Copy Certifica (additional copy is enclosed) Certified	te of Status &

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

(Name of the Limited Liability Compa	I CENTER LLC nv as it now appears on our records.)		
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document numberL11000077561	were filed onJULY 6, 201	1 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company here:		
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company," the designation	n "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		SEC III	
(Principal office address MUST BE A STREET ADDRESS)	7462 NW 8TH STREET	夏雪	
	MIAMI, FLORIDA 33126	SSS.	
Enter new mailing address, if applicable:	7462 NW 8TH STREET	AM 9:	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FLORIDA 33126	36	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		er the name of the new	
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RETHESE C. JIMENEZ	1020 SW 137TH PLACE, MIAMI, FLORIDA 33184	Add Remove
MGR	LISETTE RODRIGUEZ	10352 SW 11 STREET MIAMI, FLORIDA 33174	Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.) ALLAHASSE	SILCHE PARY
	JULY 19 20	E, FLORIDA PARTO	AM 9: 36
	Signature of a member	or authorized regresentative of a member	

Page 2 of 2

Filing Fee: \$25.00