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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: South Florida Teen 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:
Andrea Feldman Name of Person
Firm/Company
250 174th St, Suite 510 Address
Sunny Isles Beach, FL, 33/60 City/State and Zip Code
South Florida Teen Travel@ 9 mail . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrea Feldman at (501) 103-1252 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

10	
ARTICLES OF ORGANIZATION OF	FILED
1)	DEC 12 PH 3:01
nda Teen Travel, LLC SEC he Limited Liability Company as it now appears on Adrie (A Florida Limited Liability Company)	RETARY OF STATE
(A Florida Limited Liability Company)	AND LE, FLORIDA

(Name of the Limited Liability Company as it now appears on Address E, FLORIDA (A Florida Limited Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 11000 110450</u> .	were filed on 9/2011 and assigned	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	250 174th Street, Suite 510 Sunny Isles Beach, FL, 33160	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	250 174th Street, Suite 510 Sunny Isles Beach, FL, 33160	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		
	Feldman 14 th Street, Suite 510 Enter Florida street address	

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 = Managing Member **Type of Action** <u>Address</u> <u>Title</u> Name Jordan Green 21570 Halstead Dr. MGRM □Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove ___Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Necember Indog foldman Signature of a member or authorized representative of a member Andrea Feldman
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00