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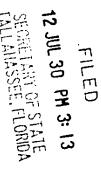
(Re	equestor's Name)			
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· (Bu	usiness Entity Nar	me)		
(Document Number)				
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C. LEWIS

JUL 3 1 2012

EXAMINER

## **COVER LETTER**

	istration S sion of Co	ection rporations			
SUBJECT:		Travel	Marvels, LLC		
30Bancii			red Liability Company		
The enclosed	Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return	ali corresp	ondence concerning this matter	to the following:		
		David Cortese			
			Name of Person		
	Travel Marvels, LLC				
			Firm/Company		
		168	307 Florence View Dr,		
			Address		
		N	Montverde, FL 34756		
			City/State and Zip Code		
		CO	rtcheesy@gmail.com o be used for future annual report notification)		
For further in	iformation	e-mail address: (i	, in the second		
	D	avid Cortese	at ( 407 ) 451-6342		
	Name	of Person	Area Code & Daytime Telephone Number		
Enclosed is a	check for	the following amount:			
\$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status of Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations Box 6327	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

12 JUL 30 PM 3: 13

Travel Name of the Limited Liability Co (A Florida Limi	Marvels, LLC mpany as it now appears ited Liability Company)	SECRETARY OF STATE on our records) LAHASSEE, FLORIDA					
The Articles of Organization for this Limited Liability Comp.  Florida document number							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
David E. Cortese, LLC							
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compan	y," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	same						
(Principal office address MUST BE A STREET ADDRES.	<u>(S)</u>						
Enter new mailing address, if applicable:	same						
(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: same							
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 = Managing Member

Title Name **Address** Type of Action same Add 🔲 Remove ☐ Add Remove ☐ Add Remove Add ∴∏Add \_\_\_Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a momber or authorized representative of a member DAVID CORTESE
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00