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COVER LETTER

TO: Registration Section Division of Corporations

	EL PLACE LLC	*	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	GABRIELA CONSUEGR	A	
		Name of Person	
	MY TRAVEL PLACE LI	.c	
		Firm/Company	702
	7958 SW 8TH STREET		# SEP
		Address	5 5
	MIAMI, FL, 33144		7028 SEP 15 PM 3: 1
		City/State and Zip Code	
	GABYCHE91@GMAIL.C		සු ක
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
GABRIELA CONSUEG	RA	786 630-9009 at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303



MY TRAVEL PLACE LLC

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our r Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L11000132764}{L11000132764}$.	were filed on 11/22/2011	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	sility company here:		
BLUE CLOVER INSURANCE LLC			
The new name must be distinguishable and contain the words "Limited Liabi.	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		17.00 PC	
		SER	
		5 1	
Enter new mailing address, if applicable:		Pio n M	
(Mailing address MAY BE A POST OFFICE BOX)		70 0	
B. If amending the registered agent and/or registered office :	address on our records, <u>e</u>	enter the name of the new regist	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Emer 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 agre provisions of all statutes relative to the proper and complete			

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

If Changing Registered Agent, Signature of New Registered Agent

15. her ing Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
		2020 SEP 115 PH 3: 18 THE LANA SEEL FLORING	□Remove
			☐ Change
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			77-kis 287 □ Change □ F
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Depart	does not meet the applic	able statutory filing req	(optional) an 90 days after filing uirements, this date) Pursuant to will not be	o 605.0207 : listed as
record specifies a delayed effective da is filed.	ite, but not an effective ti	me, at 12:01 a.m. on the	e earlier of: (b) Th	ie 90th day	after the
SEPTEMBER 3RD			/		
SEPTEMBER 3RD Sign		1 Inchance	% [

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