

L120000026617

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ACCOUNTANT & BUSINESS CONSULTANTS INC
Account Number : I20110000083
Phone : (305)705-7922
Fax Number : (786)353-0976

2016 MAY -5 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: INFO@DCCACCOUNTING.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRAVESIA DEL SUR, LLC**

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16 MAY -5 AM 10:35
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRAVESIA DEL SUR, 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:

VANESSA DURAN

Name of Person

ACCOUNTANT & BUSINESS CONSULTANTS INC

Firm/Company

300 ARAGON AVE SUITE 375

Address

CORAL GABLES, FL 33134

City/State and Zip Code

INFO@DCCACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA DURAN

305 7057922
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

TRAVESIA DEL SUR, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/24/2012 and assigned
Florida document number L12000026617.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

300 ARAGON AVE SUITE 375

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

300 ARAGON AVE SUITE 375

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33134

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:

ACCOUNTANT & BUSINESS CONSULTANTS INC

New Registered Office Address:

300 ARAGON AVE SUITE 375

Enter Florida street address

CORAL GABLES

Florida 33134

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 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Dated MAY 05 2016

Signature of a member or authorized representative of a member

Typed or printed name of signee