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COVER LETTER

TO: Registration Se Division of Cor		·	
	VARTH TOURING LLC		
SUBJECT:	Name of Limi	ited Liability Company	
	Amendment and fee(s) are substantial substantial feet and feet are substantial feet	_	
	DONALD E COOVERT, (CPA	
		Name of Person	1. 11
	VENTURE MANAGEME	NT INTERNATIONAL	
		Firm/Company	
	12415 SW SHERI AVE		
	• • • • • • • • • • • • • • • • • • • •	Address	
	LAKE SUZY, FL 34269		eation) PK 3: 45
		City/State and Zip Code	
	DECOOVERT@AOL.COM		
		to be used for future annual report notifi	cation) علا المناسبة
For further information c	oncerning this matter, please ca	ill:	بر س
DONALD E COOVERT	C, CPA	317 691-6990 at ()	_
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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)
	ING ADDRESS:	STREET/COURIE Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PAUL HOVARTH TOURING LLC (Name of the Limite)		nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Living Florida document number L12000028321	ability Company	were filed on 02/28/2012	and assigned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	C	uility company here:	
PAUL HORVATH TOURING LLC The new name must be distinguishable and contain the we			the abbreviation "L.L.C."
Enter new principal offices address, if applica		N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		-
		N/A	5
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		1077	PA
			<u>ن</u> هِنَ الله الله الله الله الله الله الله الله
B. If amending the registered agent and/or the new registered of			nter the name of the new
Name of New Registered Agent:	DONALD E C	OOVERT, CPA	
New Registered Office Address:	12415 SW SHI	ERI AVE	

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.

Civ

LAKE SUZY

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
		<u> </u>	□ Change
			□ Add
		 ,	☐ Remove
			Add Fig.
			Remove Change
			☐ Change
			□ Remove
			☐ Change
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Effective date, if other than the dat	e of filing:		(opt	tional)
f an effective date is listed, the date must be s Note: If the date inserted in this block of	pecific and cannot be ploses not meet the ap	prior to date of filing o pplicable statutory f	or more than 90 days afte	er filing.) Pursuant to 605.020 iis date will not be listed a
document's effective date on the Depart	ment of State's reco	ords.		
ne record specifies a delayed eff The 90th day after the record		not an effectiv	e time, at 12:01	a.m. on the earlier o
FEBRUARY 9 Dated	2017			
Dailed	<u></u>	·		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00