# L1200032733

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUNBOUND GROUP TRAVEL INT'L

SUBJECT:

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:

# ANIS C. BONNEMAISON

Name of Person

## SUNBOUND GROUP TRAVEL INTL

Firm/Company

102 NE 2ND STREET #303

Address

BOCA RATON, FL 33432

City/State and Zip Code

#### INFO@SUNBOUNDVACATIONS.COM

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

For further information concerning this matter, please call:

ANIS C. BONNEMAISON

,<sub>\_</sub>561<sub>,</sub>395-6910

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

Certified Copy
(additional copy is enclosed)

□\$55.00 Filing Fee &

□\$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**

	Travel Internation		
( <u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appe nited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on	3/7/2012	and assigned
Florida document numberL12000032733			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limite</u>	d liability company he	e <u>re</u> :	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Comp	pany," the designation	"LLC" or the abbreviati
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		<u> 돈을 끊</u>
			<u> </u>
Enter new mailing address, if applicable:			ASSEE ASSEE
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		FEST B
			2: 52 DRIDA
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, enter	
Name of New Registered Agent:	Magalys A. Caceres		
New Registered Office Address:	v Registered Office Address: 320 Plaza Real #507		
	Enter Florida street address		
	Boca Raton	, Florida _	33432
	City		Zip Code

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

Page 1 of 3

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** <u>Name</u> Type of Action **Address** Add Remove Remove Add Remove Remove Remove

. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
<u> </u>	
ated OCT 3RD	2013
dui	Bours
	Signature of a member or authorized representative of a member
	ANIS C. BOWNETTALSON  Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
SECRETARY OF STATE
ORDOR