| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

| TO:     | Registration Se<br>Division of Co |   |  |   |
|---------|-----------------------------------|---|--|---|
| SUBJI   | ECT:                              | save on cruise  | snow   | (no spaces)   |
|         |                                   | Name of Lim   | ited Liability Company   |   |
| The en  | iclosed Articles of               | Amendment and fee(s) are sub  | mitted for filing.   |   |
| Please  | return all correspo               | ondence concerning this matter  | to the following:  |   |
|         |                                   | LEE ANN S   | FACOBS  Name of Person   |   |
|         |                                   |   | Name of Person   |   |
|         |                                   | Saveoncru   |  |   |
|         |                                   |   | Firm/Company   |   |
|         |                                   | 11595 KELLY 1   | 20AD #119  |   |
|         |                                   |   | Address  |   |
|         |                                   | FORT MYERS  | FUZIDA 33 City/State and Zip Code                              | 3908  |
|         |                                   |   | DTOO & GMAN to be used for future annual i                     |   |
| For fur | ther information o                | concerning this matter, please c  |  | cport itemication,  |
| LE      | E ANN JA                          | 60BS  | at ( <b>239</b> )  | 560-3520  |
| <u></u> |                                   | of Person   | Area Code  | 560 - 3520  Daytime Telephone Number  |
| Enclos  | ed is a check for t               | he following amount:  |  |   |
| \$2.    | 5.00 Filing Fee                   | □ \$30.00 Filing Fee & Certificate of Status                            | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | Certificate of Status &   |
|         | Regist Diviste                    | ING ADDRESS: fation Section In of Corporations Ox 6327 Sassee, FL 32314 | Registrati<br>Division o<br>Clifton B<br>2661 Exe              | COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, FL 32301 |



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 8, 2017

LEE ANN JACOBS 11595 KELLY ROAD #119 FORT MYERS, FL 33908

SUBJECT: SAVEONCRUISESNOW LLC

Ref. Number: L12000053654

2017 MAY 26 PM 2: 53

We have received your document for SAVEONCRUISESNOW LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00009066





April 28, 2017

LEE ANN JACOBS 11595 KELLY RD #119 FORT MYERS, FL 33908

SUBJECT: SAVEONCRUISESNOW LLC

Ref. Number: L12000053654

We have received your document for SAVEONCRUISESNOW LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

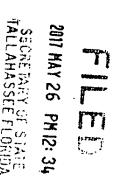
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00008400



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Saveon cruises now LLC   | noany as it now appears on our records \   |
|--|--|
| (A Florida Limite  | ed Liability Company)  |
|  |  |
| This amendment is submitted to amend the following:  |  |
| If amending name, enter the new name of the limited liability company here:    If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC."    If amending offices address, if applicable:   IIS95   Kelly   rd   #119   Fort   Myers   Fort   Fort   Myers   Fort   Fort |  |
| The new name must be distinguishable and contain the words "Limited Lia  | ability Company," the designation "LLC" or the abbreviation "L.L.C."   |
| Enter new principal offices address, if applicable:  | 11595 Kelly rd #119 = 3  |
| (Principal office address MUST BE A STREET ADDRESS)  | Fort Myers, F/ 33958 = 11  |
| Enter new mailing address, if applicable:  (Mailing address MAY RE A POST OFFICE ROX)  | SET OF THE PARTY O |
| (Manning dear ess MAT BE AT OST OF TICE BOX)   |  |
| registered agent and/or the new registered office address h  | nere:  |
|  | Enter Florida street address   |
|  | , Florida  |
|  | Сіту — 21р Соде  |
| New Registered Agent's Signature, if changing Registered Age   | <u>nt:</u>   |
| I hereby accept the appointment as registered agent and a  | ngree to act in this capacity. I further agree to comply with the  |

11 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u> : |                            |  |  |  |  |  |
|---|----------------------------|--|--|--|--|--|
| MGR = M $AMBR = A$  | anager<br>uthorized Member |  |  |  |  |  |
| <u>Title</u>  | <u>Name</u>                | Address  | Type of Action   |  |  |  |
| MERM  | Edward J. Brozosky         |  | Add  |  |  |  |
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|   | ive date, if other than the date of filing: (optional)   | )207 |
| n eff<br><u>ite:</u><br>cun                 | fective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed rent's effective date on the Department of State's records.  Food specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.  | l as |
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Filing Fee: \$25.00