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EXAMINER



400234261704

05/04/12--01014--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: New View Travel Group ILC 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:					
Kemar Fearon Name of Person					
New View Travel Group LC Firm/Company					
18/8/ NE 3/ Ct. Apt. 2205					
Aventura, FL 33160 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kemar Fearon at (984) 270 - 2853 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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

New View	w Tray	vel Group LL	C .
(<u>Name of the Limited</u> (A	<u>Liability Company</u> Florida Limited Lia	as it now appears on our record bility Company)	<u>is.</u>)
The Articles of Organization for this Limited Lia Florida document number		rere filed on 4/20	12 and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
N/A			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18181 NE 3 Aventura,	31 ct. Apt 2205 Fl 33160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>:0X)</u>	18181 NE 3 Aventura,	1 ct. 2205 F1 33160
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	N/A		Company of the compan
New Registered Office Address:	N/A		
	,	Enter Florida stre , Flori	5 5
	(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 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

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 ' Name 1 Type of Action <u>Address</u> Matthew Gurdyal Kemar Foaron MGR ☐ Remove Add Remove ∏Add Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) From Mouthew Gurdyal Kemar Fearon as Principal New View Travel Group LLC. As MGR For Thank You Signature of a member or authorized representative of a member Matthew Gardyal
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00