

42000053810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

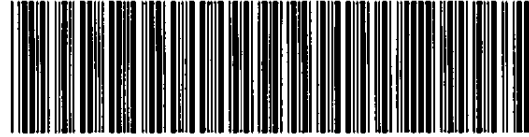
(Business Entity Name)

(Document Number)

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14 FEB 24 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 26 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New View Travel Group 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:

Matthew Gurdya
Name of Person

New View Travel Group LLC
Firm/Company

901 South State rd 7 Suite 430
Address

Hollywood FL 33023
City/State and Zip Code

info@changemyview.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Gurdya at (954) 381-6968
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

New View Travel Group LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/20/12 and assigned
Florida document number L12000053810.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGRM	Jai GurdyaL	4730 Madison St	<input type="checkbox"/> Add
		Hollywood Fl 33021	<input checked="" type="checkbox"/> Remove
MGRM	Matthew GurdyaL	2508 Adams St	<input type="checkbox"/> Add
		Hollywood Fl 33021	<input checked="" type="checkbox"/> Remove
MGRM	Matthew GurdyaL	901 South State Rd 7	<input checked="" type="checkbox"/> Add
		Suite 430 Mollywood Fl 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

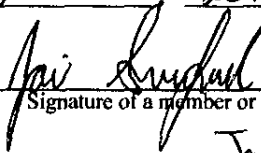
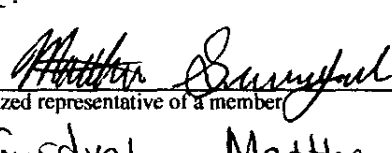
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Removing Jai GurdyaL as mgrm as he is
No longer with the company and changing
address for (MGRM) Matthew GurdyaL
to 901 South State rd 7 Suite 430 Hollywood
FL 33023

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated Feb 20 2014

 
Signature of a member or authorized representative of a member

Jai GurdyaL Matthew GurdyaL
Typed or printed name of signee