

4/3/2014 10:27:18 From: [REDACTED] 505176383

Division of Corporations

**L12000099833**

5 )

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H14000079720 3)))



H140000797203ABC

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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14 APR -3 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRAVLYNX LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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APR - 4 2013

### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TravLynx 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:

B. Brewster

\_\_\_\_\_  
Name of Person

IHS US Inc.

\_\_\_\_\_  
Firm/Company

3504 Lake Lynda Drive, suite 300

\_\_\_\_\_  
Address

Orlando, FL 32817

\_\_\_\_\_  
City/State and Zip Code

bbrewster@trustinternational.com

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

For further information concerning this matter, please call:

Pamela Pinan

617 937-2461

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**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

TRAVLYNX LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 2, 2012 and assigned  
Florida document number L12000099833.

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:

5715 Hwy 85 N, #1495

(Principal office address MUST BE A STREET ADDRESS)

Crestview, FL 32536

Enter new mailing address, if applicable:

5715 Hwy 85 N, #1495

(Mailing address MAY BE A POST OFFICE BOX)

Crestview, FL 32536

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

Florida 33324

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.*

Connie Bryan  
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

Connie Bryan  
Assistant Secretary

**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>
MGR	Stephen Rowley	5715 Hwy 85 N, #1495	<input checked="" type="checkbox"/> Add
		Crestview, FL 32536	<input type="checkbox"/> Remove
MGR	Christoph Scherk	5715 Hwy 85 N, #1495	<input checked="" type="checkbox"/> Add
		Crestview, FL 32536	<input type="checkbox"/> Remove
MGR	Richard Corso	5715 Hwy 85 N, #1495	<input checked="" type="checkbox"/> Add
		Crestview, FL 32536	<input type="checkbox"/> Remove
MGR	Kristin Intress	130 Maple Drive North	<input type="checkbox"/> Add
		Hendersonville, TN 37075	<input checked="" type="checkbox"/> Remove
AMBR	IHS US Inc.	3504 Lake Lynda Drive, Suite 300	<input checked="" type="checkbox"/> Add
		Orlando, FL 32817	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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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 April 2 2014

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Richard Wiegmann, Authorized Person, by UHS US Inc., its sole member

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

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