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COVER LETTER

TO:	Registration Sec Division of Corp		w · · · · · · · · · · · · · · · · · · ·	•
eun ir		TOURS CENTER, LLC	`	
SUBJE	UI:	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Ibrahim Ghantous, Esq.		
			Name of Person	 .
		Cruise & Tours Center, LL	.c	
			Firm/Company	
		420 South Dixie Highway.	Suite 2-C	
			Address	
		Coral Gables, FL 33146		
			City/State and Zip Code	
		ghantouslawgroup@aol.cor		
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	ncerning this matter, please ca	all:	
Ibrahim	Ghantous, Esq.		305 4427177 at ()	
	Name of	Person		Telephone Number
Enclose	d is a check for the	e 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

Cruise & Tours Center, LLC				
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on August 29,2012	and assig	ıned	
Florida document number L12000111274				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.	C."	_
Enter new principal offices address, if applicable:		<u>ــ ، احم</u>	<u>.</u>	
(Principal office address MUST BE A STREET ADL	ORESS)			_
		7	z p	<u>.</u> L'
	-	65 F4	12	
Enter new mailing address, if applicable:			P	5
(Mailing address MAY BE A POST OFFICE BOX)		- Los	ئ	_
		<u> </u>	ζ <u>ή</u>	
				_
B. If amending the registered agent and/or reg		er the name of	the	nev
registered agent and/or the new registered office ad	ldress 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Naser Tariq Hidmi	227 E 1st St. Suite 3 Miami Beach, FL 33139	■ Add
			□ Remove
			Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the Defective date.	ck does not meet the ap	plicable statutory filing	(optional e than 90 days after filing requirements, this date) g.) Pursuant to 605.0207 will not be listed as
record specifies a delayed The 90th day after the reco	effective date, but rd is filed.	not an effective tir	ne, at 12:01 a.m.	on the earlier of
	2019			
ted April 11	 `			
ted April 11				

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Filing Fee: \$25.00