

L12000116002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

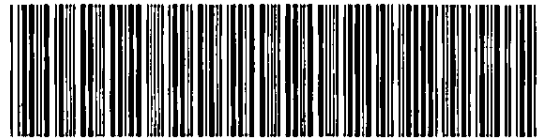
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HEALTH TOP TRAVEL USA L.L.C.

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:

LETICIA B. OCEJO ZALDIVAR

Name of Person

HEALTH TOP TRAVEL USA L.L.C.

Firm/Company

1600 PONCE DE LEON BOULEVARD STE B

Address

CORAL GABLES, FL 33134

City/State and Zip Code

leticia.ocejo@topvacations.com

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

For further information concerning this matter, please call:

LETICIA B. OCEJO ZALDIVAR

786

725-7635

at ( )

Name of Person

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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HEALTH TOP TRAVEL USA L.L.C.

(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 SEPTEMBER, 11 2012 and assigned Florida document number L12000116002.

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 contain 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:

LETICIA B. OCEJO ZALDIVAR

New Registered Office Address:

1600 PONCE DE LEON BOULEVARD STE B

*Enter Florida street address*

CORAL GABLES

Florida 33134

*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.*

LETICIA B. OCEJO ZALDIVAR

**If Changing Registered Agent, Signature of New Registered Agent**

DocuSign Envelope ID: B42DF4C8-745D-494E-AF0D-B7FD10EBE944  
 If **adding** 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**

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[illegible]

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: July 1st, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 17 2021

LETICIA B. OCEJO ZALDIVAR

Signature of a member or authorized representative of a member

LETICIA B. OCEJO ZALDIVAR

Typed or printed name of signee