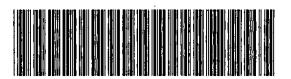
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

U-TRIP TRAVEL, 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:

TRACIA. MALIK, CPA

Name of Person

JONES & COMPANY CPAS PA

Firm/Company

2513 SEVEN SPRINGS BLVD.

Address

TRINITY, FL 34655

City/State and Zip Code

biggireeb@live.com

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

For further information concerning this matter, please call:

TRACI A. MALIK, CPA

, 727<sub>,</sub>845-

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

Q\$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

	U-TRIP TRA	AVEL, LLC	ęs.	٠. مم ٠	
(Name of the Limited (A	Liability Compa	ny as it now appears	on our records.) 5	FUE D PROPERTY	
(A	Florida Limited I	liability Company)	. 7		
The Articles of Organization for this Limited Li	ability Company	were filed on OCT	OBER 3, 2012	and assigned	
The Articles of Organization for this Elimited Li	авину Сопрану	were fried on	· · · · · · · · · · · · · · · · · · ·	Tand assigned	
Florida document number L12000126090	·			THE THE	
				De F	
This amendment is submitted to amend the following	wing:			93 5	
				em e	
A. If amending name, enter the new name of	the limited liab	ility company here	1 <b>6</b>		
N/A					
The new name must be distinguishable and end wit	h the words "Limi	ited Liability Compan	y," the designation "L	LC" or the abbreviatio	
"L.L.C."			,,		
vo		N/A			
Enter new principal offices address, if applica	abie:	14//			
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>				
Enton now malling address if applicables		N/A			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	BOX)				
B. If amending the registered agent and/o	or registered of	fice address on ou	ır records, <u>enter t</u>	he name of the nev	
registered agent and/or the new registered of	<u>fice address her</u>	<u>·e</u> :			
Name of New Registered Agent:	N/A				
Name of New Registered Agent.					
New Registered Office Address:					
Enter Florida street				ress	
	City	, Florida	Zip Code		
		C.i.y		Lip Couc	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MRG	BRIGITTE K. BEER	7816 CRAIGHURST LP	✓ Add
		TRINITY, FL 34655	Remove
			Add Remove
			Add Remove
			Add Remove
			_ Add _ Remove
			Add Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	N/A
Dated	6/8/2013
	mostle & Ber
	Signature of a member or authorized representative of a member
	BRIGITTE K. BEER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00