

L1300 0030758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

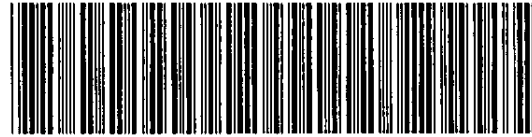
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300251438653

09/09/13--01012--013 **25.00

FILED

13 SEP -9 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXOTIC DESTINATIONS TRAVEL & ADVENTURE 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:

JONATHAN ASERRAF

Name of Person

Firm/Company

7950 NW 53RD STREET, SUITE 337

Address

MIAMI, FLORIDA 33166

City/State and Zip Code

JA@OFFXSOLUTIONS.COM

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

For further information concerning this matter, please call:

JONATHAN ASERRAF

Name of Person

at (305) 799-1576

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**

EXOTIC DESTINATIONS TRAVEL & ADVENTURE 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 02/28/2013
Florida document number L13000030758

FILED
SEP - 9 PM 3:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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)

7950 NW 53RD STREET

SUITE 337

MIAMI, FLORIDA 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7950 NW 53RD STREET

SUITE 337

MIAMI, FLORIDA 33166

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: OFFIX SOLUTIONS LLC

New Registered Office Address: 7950 NW 53RD STREET, SUITE 337

Enter Florida street address

MIAMI, Florida 33166

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 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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
MGR	PULIGNANO, MIGUEL	500 BAYVIEW DR UNIT 1026	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33163	<input checked="" type="checkbox"/> Remove
MGRM	PULIGNANO, MIGUEL	7950 NW 53RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 337	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33166	<input type="checkbox"/> Add
			<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 9 PM 3:49
FILED

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

Dated SEPTEMBER 5TH, 2013.

MIGUEL PULIGNANO

Signature of a member or authorized representative of a member

MIGUEL PULIGNANO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 SEP -9 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA