## 200111913 03/15/2013 0 35 FAX of Corporations Divisio

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### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H15000165808 3)))



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To:

Division of Corporations

Fax Number

; (850)617-6383

From:

Account Name

: AMERICA EXPERT LLC

Account Number: I20150000053

Phone Fax Number : (305)824-91,00 : (954)251-2861

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

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRAVEL IDEAS 4 MIAMI LLC

Certificate of Status Certified Copy 0 01 Page Count \$25.00 Estimated Charge

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# H150001658083

### **COVER LETTER**

TO: Registration Se Division of Cor	etion porations		
	DEAS 4 MIAMI LLC		
SUBJECT:	Name of Limi	ted Liability Company	·
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	SIMONE PALMA		
		Name of Person	
	AMERICA EXPERT LLC		
	- 1 - <del>- 1                                     </del>	Firm/Company	········
	407 NW 10th TER		
	· · · · · · · · · · · · · · · · · · ·	Address	
	HALLANDALE BEACH,	FL 33009	
	ACCOUNTING@AMERIC	City/State and Zip Code	
	•	o be used for future annual report n	otification)
For further information of	oncerning this matter, please ca	ill;	
SIMONE PALMA		305 824-9100	
Name o	f Person	Area Code Days	ilme Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ 730.00 Filing Fee & Cartificate 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

03/15/2013 01:36 FAX



### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATES TAGE AHASSEE, FLORIDA

TRAVEL IDEAS 4 MIAMI LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our rec la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on 08/08/2013	and assigned
Florida document number L13000111913		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
TRAVEL IDEAS 4 FLORIDA LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office uddress MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	istand office address on our vaca	ands antes the name of the m
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent.		108, enter the name of the m
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
		r jortas

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

# H 1500016580 83

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

Title	<u>Name</u>	Address	Type of Action
MGR	WANDERLEY PERINI S. FILHO	407 NW 10TH TERRACE	
	•	HALLANDALE BEACH, FL 3300	□ Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Remove
			☐ Change
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TORP dd	4L- 3-4- 65471i	(ontional)
Historye date, it other the lift an effective date is listed, the Note: If the date inserted it document's effective date of	an the date of filing:  date must be specific and earnet be prior to date of filing or this block does not meet the applicable statutory fil n the Department of State's records.	more than 90 days after filing.) Pursuant to 605,0207 ling requirements, this date will not be listed as
ne record specifies a c The 90th day after t	elayed effective date, but not an effective ne record is filed.	e time, at 12:01 a.m. on the earlier of
Dated JUNE	24, 2015	
	<u> </u>	
	Signature of a prember or authorized representati	ive of a member

Typed or printed name of signee