

L13000139781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

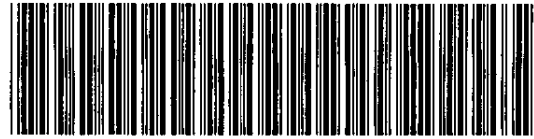
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/03/14

EMPOWERING AMERICA'S ENTREPRENEURS

enitia corporation

p.o. box 495

dexter, mi 48130

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 27, 2014

Re: Jacaranda Travel LLC

Dear Sir or Madam:

Enitia Corporation has been authorized by Charlotte Gordon to file the enclosed Amendment for Jacaranda Travel LLC. Enitia Corporation is acting only as the Incorporator.

If you need any additional information, you can reach us at

1-877-281-6496 (toll free)
documents@directincorporation.com

We have enclosed an additional \$5.00 for one "Certificate of Status". For your convenience, I have enclosed a self-addressed envelope.

Thank you,

Ed Stahlin
Enitia Corporation

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jacaranda 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:

Edward Stahlin
Name of Person

Direct Incorporation
Firm/Company

123 N. Ashley St. Ste. 123
Address

Ann Arbor, MI 48104
City/State and Zip Code

documents@directincorporation.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Stahlin at **(877) 281-6496**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Halaki & Pila 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 10/03/2013 and assigned Florida document number L13000139781.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Jacaranda Travel LLC

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:

8040 Wilfredo Ct.

(Principal office address MUST BE A STREET ADDRESS)

Naples, FL 34114

Enter new mailing address, if applicable:

8595 Collier Blvd. Ste. 107-53

(Mailing address MAY BE A POST OFFICE BOX)

Naples, FL 34114

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:

William A. Gordon

New Registered Office Address:

8040 Wilfredo Ct.

Enter Florida street address

Naples

Florida 34114

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

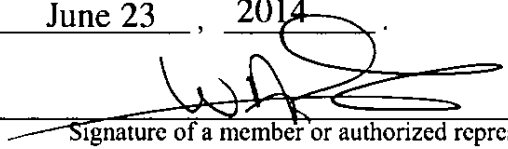
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William A. Gordon	8040 Wilfredo Ct. Naples, FL 34114	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Charlotte L. Gordon	8040 Wilfredo Ct. Naples, FL 34114	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated June 23, 2014



Signature of a member or authorized representative of a member

William A. Gordon

Typed or printed name of signee

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Filing Fee: \$25.00

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