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T. MATTHEWS MAY 17 2022

COVER LETTER

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		L TRAVEL LLC	ι		
SUBJECT:		Name of Lim	ited Liability Company	\.\\\ <u>-</u>	_
The encloses	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
		·	-		
		YOEL SARDUY CARDE	INAS		
			Name of Person		_
Division of Corporations SUBJECT: COSTAZUL TRAVEL LLC Name of Limited Liability Company Please return all correspondence concerning this matter to the following: YOEL SARDUY CARDENAS Name of Person COSTAZUL TRAVEL LLC Firm/Company 8228 W WATERS AVE Address TAMPA FL 33615 City/State and Zip Code costazultravell@hotmail.com B-mail address: (to be used for future unnual report notification) For further information concerning this matter, please call: YOEL SARDUY CARDENAS Name of Person Area Code Daytime Telephone Number Sinclosed is a check for the following amount: \$\Begin{array} \text{S25.00 Filing Fee} \Bigcip \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status Certified Copy (additional copy is enclosed)					
	Division of Corporations COSTAZUL TRAVEL LLC Name of Limited Embility Company e enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: YOEL SARDUY CARDENAS Name of Person COSTAZUL TRAVEL LLC Firm/Company 8228 W WATERS AVE Address TAMPA FL 33615 City/State and Zip Code costazultravel L@hotmuil.com E-mail address: to be used for future annual report notification) Further information concerning this matter, please call: DEL SARDUY CARDENAS Name of Person Area Code Daytime Telephone Number Stosed is a check for the following amount: 1. \$25.00 Filling Fee Certificate of Status Certified Copy Ladditional copy is enclosed) Mailing Address: Registration Section Registration Section				
		TAMPA FL 33615			
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		-		report notification)	_
For further i	nformation c				
YOEL SAR	DUY CARD	DENAS		27756	
	Name o	(Person		Daytime Telephone Num	her
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee		Certified Copy	Certifi kised) Certifi	cate of Status & ed Copy
	-	orporations		n of Corporations	
			771 45		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

N FILE... SECRETARY OF STATE DIVISION OF CORPORATIONS

COSTAZUL TRAVEL LLC

22 APR 15 PH 3: 45

(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 Con	mpany were filed on $\frac{1.1300014898}{1.1300014898}$	and assigned
Florida document number 46-3980830		
Florida document number 46-3980830 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 "LLC" Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable:		
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 "LLC". The new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Conter 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 gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	<u></u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		,
	office address on our records, <u>er</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · ·	Enter Florida street ad	ldress
		, Florida
	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MILDREY DIAZ ROJO	8228 W WATERS AVE	■Add
		TAMPA FL 33615	□Remove
			□Change
			□Add
			□Remove
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Depart	does not meet the ap	pplicable statutory	g or more than 90 days filing requirements	optional) after filing.) Pursuant to , this date will not be	605.0207 listed as
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ecord specifies a delayed effective da is filed.	ate, but not an effecti	ive time, at 12:01	a.m. on the earlier o	f; (b) The 90th day:	after the
APRIL 11	2022				
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