## L13000 161835

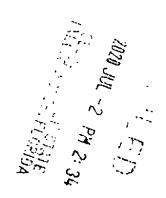
(F	Requestor's Name)	
( <i>f</i>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
3)	Business Entity Name)	
(1)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
<u> </u>		

Office Use Only



200346810882

07/02/20--01025--013 \*+25.00





## **COVER LETTER**

	vision of Cor			
SUBJECT:	CITYTRIP	LLC		
SUBJECT		Name of Lim	ited Liability Company	**************************************
The enclose	ed Articles of	Amendment and fee(s) are sub	emitted for filing.	
		ondence concerning this matter	-	
		FASANELLA, RICHARI	)	
		<del></del>	Name of Person	<del></del>
		CITYTRIP LLC		7 D
			Firm/Company	Z0 J
		2880W OAKLAND PAR	K BLVD. SUITE 118	2020 JUL -2 PH 2: 34
			Address	2
		OAKLAND PARK, FL 33	3311	
			City/State and Zip Code	
		INFO@US.OFFICE201.N		
For further	information c	in-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)
	LA, RICHAF		507 2127352	
	<u> </u>	f Person	at ()	ne Telephone Number
	ranc o	11 01300	70ca Code Dayiii	ie Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>≘</b> \$25,00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re	ailing Addres	Section	<u>Street Address:</u> Registration Se	
	ivision of C O. Box 632	orporations 7	Division of Co The Centre of 1	
	illahassee, I	• •		e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CITYTRIP LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our reco ted Liability Company)	ords.)
he Articles of Organization for this Limited Liability Comp.	any were filed on 11/19/2013	and assigned
lorida document number L13000161835		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
MEXICOSA LLC		
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		202
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	737 70
		한 교 :
	<del></del>	7 7 7
. If amending the registered agent and/or registered offi	ice address on our records, ent	(
gent and/or the new registered office address here:	<del></del>	\(\frac{1}{2}\text{(i)} \)
Name of New Registered Agent:		
New Registered Office Address:		
The Parameter Office Madiess.	Enter Florida street add	ress
	I	Florida
<del></del>	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 Changing Registered Agent, Signature of New Registered Agent

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
		<u> </u>	□Add
			Remove
<del></del>			□Add
			□ Remove
			Add
			☐ ☐ ☐ Remove
			□ Remove
			Change
			□Add
			Remove
			☐ Change
			□Remove
			□ Change

		· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		<u> </u>		
				<u></u>	<u> </u>	
			<del></del> ,		~, ,	~~~
						<del>- =</del>
					ن پو	<u> </u>
					÷ _	· · · ·
					-	PK
						3
			<del></del>		<del>第</del> 章	
						·F
	<del></del>			· <u>-</u>		
<del> </del>		<del></del>	·			
<del></del>						
ective date, if other	than the date of fil	ling:	0.71	(	(optional)	
effective date is listed, the	ne date must be specific I in this block does no	and cannot be price of meet the appli	or to date of filing of cable statutory fi	r more than 90 day ling requirement	s after filing s. this date	) Pursuant to 605.0 will not be listed
rument's effective date	on the Department of	of State's record	S.	•		
cord specifies a delaye s filed.	d effective date, but	not an effective	time, at 12:01 a.r	n. on the earlier	of: (b) Th	ne 90th day after t
ed	/ / /	2020				
	12/					