L13000168344

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	⇒ #)
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(Bu	siness Entity Nar	ne)
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MAR 2 8 2013 T. **HAMPTON**

COVER LETTER

TO: Registration Sect Division of Corpo			n.
SUBJECT: Day T	rippin' With Pa	atti & Vicki, LLC	
SUBJECT:		ed Liability Company	
	,		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter to	o the following:	
	Patti Gibbon	S	
		Name of Person	
	P.O. Box 650	0671	
		Firm/Company	
		Address	
	Vero Beach,	FI 32965	
		City/State and Zip Code	-
	pgibbon49@gmai		· · ·
		 be used for future annual report notifi 	cation)
	acerning this matter, please ca	II: 	
Patti Gibbor	IS	772 ₎ 216-17	798
Name of I	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

Day Trippin' With Patti & Vicky, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000168344</u> .	were filed on December 4, 2	2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liah	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	526 High Hawk Circle	
(Principal office address MUST BE A STREET ADDRESS)	Vero Beach, FI 32962	ZOLIHAR TALLAM
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		27 PH 12: 22
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Flor	ida
	CHy	гір Соав

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Add
			Remove
		TAL	SECRETAR PHIZ
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			□ Remove

	"
effectiv	late, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
effectiv date thi	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
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