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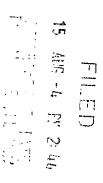
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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AUG 05 2015 S. YOUNG

## COVER LETTER

Divi	ision of Corp	orations				
SUBJECT:	Travel Blog	Success LLC				
SUBJECT,		Name of Lim	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		David Lee				
			Name of Person			
		Travel Blog Success LLC				
			Firm/Company	·		
		16263 Diamond Bay Drive	•		ij	
			Address	- 2.11	ÄUG	
		Wimauma, FL 33598			<del>[-</del>	FILE
		dave@travelblogsuccess.co	City/State and Zip Code m		5-4 FN 244	U
		E-mail address: (1	to be used for future annual report notific	ation)	11	
For further in	iformation co	ncerning this matter, please ca	ail:			
David Lee			813 419-6005 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50 \$60.00 Filing I Certificate of Certified Cop (additional copy)	Status Y	

MAILING ADDRESS:

TO:

Registration Section

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

any here:  "" the designation "LLC" or the abbreviation "L.L.C."  ess on our records, enter the name of the later Florida street address  "", Florida
any here:  ""the designation "LLC" or the abbreviation "L.L.C."  ess on our records, enter the name of the interFlorida street address
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, Florida Zip Code
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If Changing Registered Agent, Signature of New Registered Agent

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	Michael D Tieso	506 East Howell	□ Add
		Apt E-208	■ Remove
		Seattle, WA 98122	
			□ Change
			Add
			□ Remove
			<u> </u>
			—————————————————————————————————————
			Remove
			Change
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			Change
			Add
			Remove
			Change
-			
			□ Remove
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	- C
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	m
	Q.4 E
ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filing or	r more than 90 days after filing.) Pursuant to 605.
ste: If the date inserted in this block does not meet the applicable statutory file cument's effective date on the Department of State's records.	ang requirements, this date will not be liste
record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
ted July 1 2015	
ted	
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Page 3 of 3

Filing Fee: \$25.00