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2020 MAY -5 PM 2: OC

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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SURIE	CT:	В	AWAY	TRAVEL	LLC d Liability Company	
				Name of Limite	d Liability Company	
				fee(s) are submi		
Please	return all o	correspond	dence concerni	ng this matter to	the following:	
				MARIA H	VAR DIE Name of Person	
			_50R	DO 4 ASS	Firm/Company	
			300	6 AVIATI	ON AVE SUITE -	2 <u>A</u>
		•		NUT GR	OVE, FL 33133 City/State and Zip Code	
				ANDIE C.	SORDOLAW. OM be used for future annual report no	tification)
For fur	ther infor	nation cor	ncerning this m	atter, please call	:	
	MARI	A H Name of I	ARDIE Person		at (<u>305</u>) <u>859</u> Area Code Daytii	8107 OFFICE ne Telephone Number
	/ ed is a che	ck for the	following amo	ount:		
™ \$2	5.00 Filinį	g Fee	□ \$30.00 Fil Certifica	ing Fee & te 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B AWAY TRA	VEL LLC	2020 MAY -5	PM 2: 00
(Name of the Limite	d Liability Company as (A Florida Limited Liabili	it now appears on our records ty Company)	<u>"</u> "… 5.00
The Articles of Organization for this Limited Lie			and assigned
Florida document number <u>L1400000</u>	7239		
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	ompany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>		
	SAME) —		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		<u> </u>
(5A	mε) -		
B. If amending the registered agent and/or reagent and/or the new registered office addres		ess on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
(Same)		Enter Florida street addres.	S
(50)		, Fle	orida Zip Code
	·	>14,*	isy, come

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 = M $AMBR = A$	lanager uthorized Member	· :	• 1 :	
<u>Title</u>	<u>Name</u>	Address 2020 MAY -5 PH	2: Type of Action	
MGR	JEREMY SCOTT	13 LYTTON ROAD		
		PINNER, MIDDLESEX HAS YR	d Remove	
		GREAT BRITAIN	□Change	
			🗆 Add	
		<u>-</u>	□Remove	
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ffective	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
iote: If	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocument	's effective date on the Department of State's records.
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
l is filed.	
ated	April 30 . 2020. MSM
	// m/// a/i/
	Signature of a member or authorized representative of a member
	J - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	MICHAEL MARTIN Typed or printed name of signee TERMY Soft