## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140000189473)))



H140000189473ABC1

	Doing so will generate another cover sheet.	ECF +
Man of Mit to Man 1		H.C.
To:		24 \$\$\$
	Division of Corporations	m-<
	Fax Number : (850)617-6383	¥9. A
From:	CIESKO) SICI	LL CS CO
	C VESKOVE/CI Account Name : TRIPP SCOTT, P.A.	

: (954)761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (954)525-7500

Account Number : 075350000065

Phone Fax Number

Email	Address:		•	

RECEIVED
JAN 24 PM 1:31
SCRETARY OF STATE

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BUDGET TRAVEL ACQUISITIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Tours JAN 272

Help

Tripp Scott

140100/8947 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUDGET TRAVEL ACQUISITION			
(Name of the Limited Liability (A Florida	y Company as it now appears on c Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on JANUA	RY 23, 2014	and assigned
Florida document number L14000012999	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," t	he designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:		A S	=
(Principal office address MUST BE A STREET ADD)	RESS)	T.C.	\\ \frac{1}{2} \tau \\
Enter new mailing address, if applicable:		ASSEE, F	22
(Mailing address MAY BE A POST OFFICE BOX)		STATE LORIDA	Sc 28
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, <u>enter the</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Fritor F	lorida street addres:	
	Liner 11		,
	City	, Florida	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 608, 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

H1400018947 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
ST	STEPHEN RUDNER	2307 WEST BROWARD BLVD	Add
		SUITE 400	Remove
		FORT LAUDERDALE, FL 33312	
			Add
			Remove .
		SECR	NA TI
<del></del>		SECRETARY ALLAHASSEE	Add
		E. FLORIDA	₹ Tremove
		WDA —	05 
			Add
			Remove
	·		<del></del>
			Add
			Remove
			<u> </u>
			Add
			Remove

-	
_	
_	
-	
- 1	JANUARY 24/ 2014
	L. Roof Dru
	Signature of antimber of authorized representative of a member
	SCOTT J JORDAN, AÚTHORIZED REPRESENTATIVE OF MEMBER
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

L JAN 24 AM 8: 05
ECRETARY OF STATE