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(((H14000020494 3)))



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Account Name : TRIPP SCOTT, P.A. Account Number: 075350000065 : (954)525-7500 Phone

Fax Number : (954)761-8475

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BUDGET TRAVEL ACQUISITIONS LLC

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1/27/2014

Tripp Scott

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January 28, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BUDGET TRAVEL ACQUISITIONS LLC 2307 WEST BROWARD BLVD SUITE 400 FORT LAUDERDALE, FL 33312US

SUBJECT: BUDGET TRAVEL ACQUISITIONS LLC

REF: L14000012999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000020494 Letter Number: 914A00001806

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUDGET TRAVEL ACQUISITIONS LLC

H14000020494 3

(A F	lorida Limited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liabil	lity Company were filed on JANUAR	Y 23, 2014 and assigned
Florida document number L14000012999		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	: limited liability company here:	ZOIH JAN SECRET
BUDGET TRAVEL ACQUISITION		AR E
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the designation "	'LLC" or the abbreviationL.C.
Enter new principal offices address, if applicable		ma z m
(Principal office address MUST BE A STREET A	DDRESS)	
•		REAL C
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		rds, enter the name of the new
New Registered Office Address:	Enter Florida street ada	ines
_	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 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

Page 1 of 3

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

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MGR = Manager AMBR = Authorized Member			777 1000020 104 0
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
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D. If amending any other information, enter cha	ange(s) here: (Attach additional s	heets, if necessary.)
		H14000020494 3
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Pepartment	of receipt or filed date and cannot be mor	(optional) e than 90 days after
Dated January 27	<u>2014</u>	
Ornature of an	ember or authorized representative of a n	ember
Scott J Jordan, auth		

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