L140000 20735

(Re	equestor's Name)	
(Ad	dress)	<u>-</u>
(Ad	ldress)	•
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL.
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800284371118

04/15/16--01011--004 **25.00

16 APR 15 AHII: 55
SECRETARY OF STATE

LIR STOP RIS

COVER LETTER

TO: ' Registration Sectorial Division of Corp.			
SUBJECT: Flor	rida Travel S Name of Limit	Sales and Rentited Liability Company	tals, LLC
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	Lyis	Espine	
		quel Sales and Firm/Company	Rentals LLC
	1947 Bog	rdwalk Drive	
	Miramar I Juss & Flo E-mail address: (h	Beach, FL 3 City/State and Zip Code Sociola Frave/Sales. To be used for future annual report notifications.	2250 Com ication)
For further information con	ncerning this matter, please ca	11:	
Luis Es	Person	at (<u>504</u>) <u>723</u> Area Code Daytime	- 0939 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

Florida Trai	vel Sales and Kentals, LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
Enter new principal offices address, if applicab	
(Principal office address MUST BE A STREET.	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new
Name of New Registered Agent:	Luis Espinel
New Registered Office Address:	1947 Boardwelk Dr. Enter Florida street address
	MIRAMAR BEACH, Florida FL 32550 Zip Code
Nam Degistered Agent's Signature if changing Dec	gistared Agent.

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 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 Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Bryan Kjefer	327 South Co. Hwy 393	, '□ Add
	/	327 South Co. Hwy 393 Santa Rosa Beach, FL	Remove
		32459	Change
MGR	Luis F. Espinel	1947 Boardwalk Dr Miramar Beach, FL	Add
	·	Miramar Beach, FL	□ Remove
		32550	Change
			Add
			□ Remove
			☐ Change
			□ Add
		ŗ	Remove
			22 □ Ĉĥange
			SAM S
			Remove
			Change
			🗆 Remove
			□ Change

<u>=</u>		
		
	date, if other than the date of filing: $4/12/16$ (optional)	
fective in effective	date, if other than the date of filing:)20
ote: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	l as
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	r o
The 90	Oth day after the record is filed.	
ated	4/12/16	
ateu		
	Signature of a member or authorized representative of a member	1.48m
	Typed or printed name of signed) - Mag
	Typed or printed name of signed	70-2
	77) 1 - 47 7	4

Filing Fee: \$25.00