

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.

((H17000049205 3)))



H170000492053ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SILVA & COWAN TRAVEL CENTER, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 FEB 21 PM 2:57

TALLAHASSEE, FLORIDA

17 FEB 21 AM 9:11

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

O SIMMONS

FEB 22 2017

(((0117000049205 3)))

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: SILVA & COWAN TRAVEL CENTER, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE ALFREDO SILVA

Name of Person

SILVA & COWAN TRAVEL CENTER, LLC

Firm/Company

800 NORTH MIAMI AVENUE E-1007

Address

MIAMI, FL 33136

City/State and Zip Code

ACCOUNTING2@SILVASBOX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE ALFREDO SILVA

305 9449755
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

((H12000049205 3))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SILVA & COWAN TRAVEL CENTER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/2014 and assigned
Florida document number L14000021197.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GO BEYOND TRAVEL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

N/A

(Mailing address **MAY BE A POST OFFICE BOX**)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	RICHARD COWAN	NORTH MIAMI AVENUE E-1007	<input type="checkbox"/> Add
		MIAMI, FL 33136	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROGER A. SILVA	NORTH MIAMI AVENUE E-1007	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H17000049205 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

17 FEB 21 AM 9:11
FILED

E. Effective date, if other than the date of filing: N/A (optional)

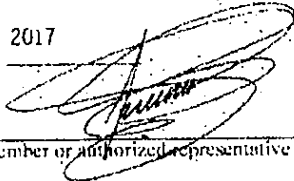
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated FEBRUARY 21

2017



Signature of a member or authorized representative of a member

JOSE ALFREDO SILVA

Typed or printed name of signee