1140000072443

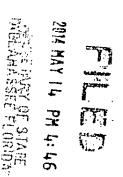
| (Req | juestor's Name) | |
|---------------------------|------------------|-----------|
| (Add | lress) | |
| (Add | lress) | |
| (City | /State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nam | e) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



200260113022

05/14/14--01013--021 **25.00



HAY 21 2013 BRUCE

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| SUBJECT: CAY | nada College Name of Limi | Tours LLC ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Talia | Popovsk, Name of Person | |
| | Canada | College Tours L | LC |
| | 10446 | Part Commons L | Drive |
| | <u>Orlan</u> | do, FL 32832 City/State and Zip Code | |
| | E-mail address: (| one 7@ gmg; Long to be used for future annual report notific | cation) |
| For further information | concerning this matter, please ca | all: | |
| Talia Po Name | of Person | at (<u>407</u>) 970 94 Area Code Daytime | 977 Telephone Number |
| Enclosed is a check for | - | | en 🛠 🔭 🕻 |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy) genelos |

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

| | lege Tours LLC | |
|---|---|--|
| (<u>Name of the Limited I</u> (A) | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabi | | and assigned |
| This amendment is submitted to amend the following | ing: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and end with the word | ds "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | le: | |
| (Principal office address MUST BE A STREET A | 4DDRESS) | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, <u>enter</u> <u>e address here</u> : | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address , Florida | 288 |
| - | City | *ZipiCode |
| New Registered Agent's Signature, if changing Reg | istered Agent: | |
| provisions of all statutes relative to the proper accept the obligations of my position as register | agent and agree to act in this capacity. I further ag and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or, gistered office address, I hereby confirm that the lit ange. | familiar with and , if this document is |



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

MGR = Manager AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|----------------------|--|-----------------|
| M612 | Talia Popovski | 10446 Park Commons Dr. | 5 Add |
| | | Orlando, FL 32832 | □ Remove |
| AMBR | Ale Ksandar Popovski | 12113 Rambling Oak Blud Orlando, FL 32832 | |
| | | | |
| | | | |
| | | | Remove |
| | | S I I I I I I I I I I I I I I I I I I I | Addet Reconove |
| | | OHIBE | 65 Add |
| | | | _□ Remove |

| f amen | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|------------|--|
| | |
| | |
| | |
| | |
| The effect | e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State) |
| Dated | <u>5/10/H</u> , |
| | Signature of a member or authorized representative of a member |
| | Talia Popovski Typed or printed name of signee |
| | |

Page 3 of 3

Filing Fee: \$25.00

