9/18/2015

L40000824 16

Division of Corporations

Florida Department of State
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Account Number : I20120000055
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S. YOUNG

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TRAVEL WRAPS 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:

SAVANA MYLLYS SILVA
Name of Person

ACCOUNT BOOKEEPING CORP
Firm/Company

3300 S HIAWASSEE RD STE 106
Address

ORLANDO, FL 32835
City/State and Zip Code

INFO@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

SAVANA MYLLYS SILVA	at (407)	898-1757
Name of Person	Area Code	Daytime 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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRAVEL WRAPS 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 05/21/2014 and assigned Florida document number L14000082416.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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: DE MELO JUNIOR, RICARDO JOVINO

New Registered Office Address: 8980 CUBAN PALM RD
Enter Florida street address

KISSIMMEE, Florida 34747
City *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

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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

Title	Name	Address	Type of Action
MGRM	SCHULZ, MARCIA R	8980 CUBAN PALM RD	☐ Add
		KISSIMMEE, FL 34747	■ Remove
			☐ Change
AMBR	DE MELO JUNIOR, RICARDO JOVINO	8980 CUBAN PALM RD	■ Add
		KISSIMMEE, FL 34747	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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

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E. Effective date, if other than the date of filing: _____ **(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 SEPTEMBER, 18 2015

Signature of a member or authorized representative of a member

RICARDO JOVINO DE MELO JUNIOR

Typed or printed name of signee

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FAX COVER SHEET

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Account Bookkeeping
DATE	2015-09-18 16:30:41 GMT
RE	AMENDMENT - TRAVEL WRAPS LLC

COVER MESSAGE

Best Regards,

Savana Silva - Customer Service Assistant
Account Bookkeeping Corp | www.abkcorp.com
P.: (407) 898-1757 | Fax.: (407) 897-5336
Brasil: São Paulo +55(11)3230.2525
3300 S Hiawassee Rd Ste 106 Orlando, Fl 32835

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