

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.

(((H17000189470 3)))



H170001894703ABC4

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

To:

111302017

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone

: (407)898-1757

: (407)897-5336 Fax Number

\*\*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 TRAVEL WRAPS LLC

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

Electronic Filing Menu Corporate Filing Menu

From Account Bookkeeping 1.321.888.4914 Wed Jul 19 15:37:44 2017 EDT Page 2 of 5

## HI7000189470 3

#### **COVER LETTER**

TO:	Registration Se Division of Cor						
		TRAN	/EL WRAPS LLC				
SUBJE	C1:	Name of Limited Liability Company					
	•	Amendment and fee(s) are sub-					
Please r	eturn all correspo	ondence concerning this matter	to the following:				
	:		MARIANA SOUZA				
	;	Name of Person  ACCOUNT BOOKKEEPING CORP					
	:						
	: : :						
	•		5301 CONROY RD STE 140				
			Address				
	: :	ORLANDO, FL 32811					
	:		City/State and Zip Code CUSTOMER@ABKCORP.COM				
	:						
	:	E-mail address: (to be used for future annual report notification)					
For furt	her information	concerning this matter, please c	ali:				
MA	RIANA SOUZA		407 898-1757				
	Name (	of Person	at () Area Code Daytin	ne Telephone Number			
Enclose	: ed is a check for t	the following amount:					
<b>≅</b> \$25	5.00 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)			
	MAII	ING ADDRESS:	STREET/COUR	LIER ADDRESS:			

Registration Section
Division of Curporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

HI7000189470 3

From Account Bookkeeping 1.321.888.4914 Wed Jul 19 15:37:44 2017 EDT Page 3 of 5

#### MI+000184440 3

### ARTICLES OF AMENDMENT

TO

### ARTICLES OF ORGANIZATION

**OF** 

TRAVEL WRAPS LLC			
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	irs va our records.)		
The Articles of Organization for this Limited Liability Company were filed on	05/21/2014	and ass	signed
Plorida document number			
his amendment is submitted to amend the following:			
L. If amending name, enter the new name of the limited liability company h	iere:		
GIFTS 4 U LLC			
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or t	he abbreviation "I.	.L.C."
Enter new principal offices address, if applicable:		_ ~_	
Principal office address MUST BE A STREET ADDRESS)		<b>817</b>	
Tricepia office and control			i i
· ·		352 -	Danies andres
		<u> 설립</u> 9	<b>4</b>
Inter new mailing address, if applicable:			1 2 1
Mailing address MAY BE A POST OFFICE BOX)			
·	<u> </u>		
3. If amending the registered agent and/or registered office address of	on our records, er	nter the name	of the r
egistered agent and/or the new registered office address here:			
Name of New Registered Agent:		<del></del>	
New Registered Office Address:			
Enter Fl	orida street address		
	, Florid	a	
City	<del>,</del>	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 HI7 000 189470 3

# From Account Bookkeeping 1.321.888.4914 Wed Jul 19 15:37:44 2017 EDT Page 4 of 5

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>	Type of Action
MGR	MARCIA R. SCHULZ	8980 CUBAN PALM RD	Add
		KISSIMMEE, FL 34747	☐ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
		; :	
			□ Remove
			Z de Charge
			AHJSSS/19
			Remove
			Change Change
			□ Add
			Remove
			Change

Page 2 of 3 HI7 000 189470 3

F	From Account Bookkeeping 1.321.888.4914 Wed Jul 19 15:37:44 2017 EDT Page 5 of 5
D. If amen	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
*****	
_	
_	
_	
_	
Note: If	e date, if other than the date of filing:  (uptional)  aive 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 (  f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	JULY 19 2017
Dateu	
	Ev 2
	Signature of a member or authorized representative of a member
	RICARDO JOVINO DE MELO JUNIOR
	Typed or printed name of signee
	Page 3 of 3
	1117 000 1894 127 3