

From: Luciane Tavares  
10/5/2015

Fax: (407) 901-7556

To:

Fax: (850) 617-6383

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**L14 0000 917 P7**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H15000238124 3)))



H150002381243ABC-

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To:

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

From:

Account Name : TAVARES LAW PA  
Account Number : I20150000095  
Phone : (407)901-7556  
Fax Number : (407)901-7558

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

Email Address: Elleniessi@hotmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
YES TRAVEL, LLC.**

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H15000238124 3  
H15000238143ABC-

YES TRAVEL, 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 06/02/2014 and assigned  
Florida document number L14000091787.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5950 LAKEHURST DR., STE. 202

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5950 LAKEHURST DR., STE. 202

ORLANDO, FL 32819

**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:

TAVARES LAW, P.A.

New Registered Office Address:

201 EAST PINE STREET, SUITE 702

*Enter Florida street address*

ORLANDO

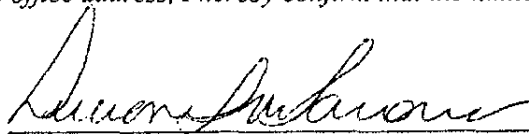
Florida 32801

*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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ROGERIO M. SEVERINO	Ev Da Penha 88 Block 5 Apt. 31	<input type="checkbox"/> Add
		Tatuape	<input checked="" type="checkbox"/> Remove
		Sao Paulo SP 03090 BR XX	<input type="checkbox"/> Change
MGR	Global Trip Service Viagens ET	R Conselheiro Nebias 263 Andar	<input type="checkbox"/> Add
		Campos	<input checked="" type="checkbox"/> Remove
		Eliseos Sao Paulo SP 0 XX	<input type="checkbox"/> Change
MGR	DMX PARTICIPATIONS LLC	5950 LAKEHURST DR.	<input checked="" type="checkbox"/> Add
		STE. 202	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input type="checkbox"/> Change
AMBR	Elen Iessi Monteiro da Silva	11854 ALENDALE ST.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Darin Angelo Marin	11854 ALENDALE ST.	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32836	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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 rule 1.001, F.S.)

**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 10, 2015

Signature of a member or authorized representative of a member

ROGERIO MORAES SEVERINO

Typed or printed name of signee

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