From: Luciane Tavares 10/16/2015

Fax: (407) 901-7656 Fax: +1 (850) 617-6383 Page 1 of 4 10/16/2015 1:05 PM

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.

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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 @ hatmail.com

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

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Corporate Filing Menu

Help

Fax: +1 (850) 617-6383

To:

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## 

	YES TRAVEL, LLC		
( <u>Name of the Limited Liabilli</u> (A Florida	ly Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co	ompany 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 limit	ted liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		
	<del></del>	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	79
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		ASS	PARAMETER STATE OF THE
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B. If amending the registered agent and/or registe	ered office address on o	our records <u>enter</u>	The name of the nev
registered agent and/or the new registered office addre		<u> </u>	νi
		Ā	سا
Name of New Registered Agent:	<del> </del>		
New Registered Office Address:			
	Enter Florida	street address	
		, Florida	
•	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

From: Luciane Taveres Fax: (407) 901-7556

To:

Fax: +1 (860) 617-6383

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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>	Address	Type of Action
AMBR	Elen Iessi Monteiro da Silva	11854 Aldendale Street	□ Add
		Orlando, Florida 32836	□ Remove
			Change
AMBR	Daniel Angelo Marin	11854 Aldendale Street	
		Orlando, Florida 32836	☐ Remove
			☐ Change
			□ Add
			Remove
			ASSET GAdd ASSET CONTRACTOR
		Change	
			□ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			D Change

To:

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ctive date, if other than the date of fit effective date is listed, the date must be specific if the date inserted in this block does no ument's effective date on the Department of	and cannot be prior at meet the applic	able statutory f	r more than 90 days	ptional) ofter (lling.) Pursuant to this date will not be	o 605.021 : listed a
ecord specifies a delayed effective se 90th day after the record is file	<b>: date,</b> but no d.	t an effectiv	e time, at 12:0	1 a.m. on the e	ərlier (
o October 16	. 2015	Ž.,,,,,,,			
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