## L14000092078

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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EFFECTIVE DATE

15 FEB 27 PM 1: 20

PLUSE INSTALE

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MAR 1 2 2015

T. BROWN



## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	LIFE IS BEAUTIF	UL TRAVEL SERVICES, LL	C	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MARGHERITA R. M	ARULLO		
		Name of Person	3-3-1-00-E	
	LIFE IS BEAUTIFUL TRAVEL SERVICES, LLC			
	Firm/Company			
	228 N. ADELLE AVE.			
	Address  DELAND, FL 32720  City/State and Zip Code renaissancecinder@msn.com			
	E-mail address: (	to be used for future annual report notifica	ition)	
For further information of	oncerning this matter, please ca	all:		
MARGHERITA R.	MARULLO	386 451-9208		
Name o	f Person	Area Code Daytime T	elephone Number	
Enclosed is a check for t	ne 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

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

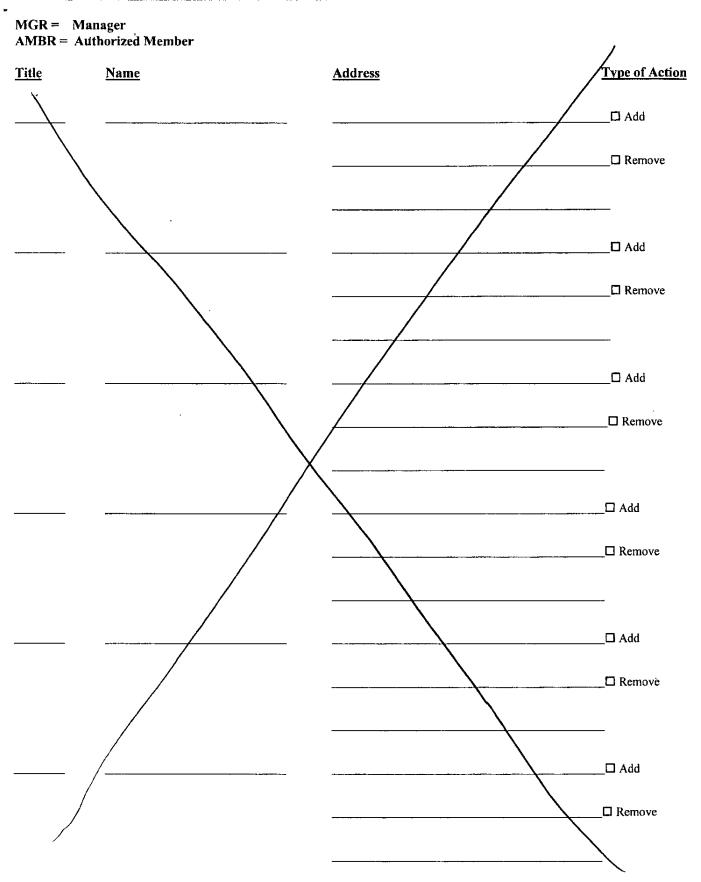
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ARTICLES OF O	RGANIZATION	. 🚓
. ,		500
	-	14 Carlot
LIFE IS BEAUTIFUL TI	RAVEL SERVICES, LLC	and assigned to
(Name of the Limited Liability Compa (A Florida Limited I		- 155% of 1.3
(A Florida Limited L	nability Company)	10 / Solo 10
The Articles of Organization for this Limited Liability Company	were filed on JUNE 9, 2014	and assigned
Florida document number L14000092078		
i fortda document namber		
This amendment is submitted to amend the following:		EFFECTIVE DATE
A. If amending name, enter the new name of the limited liabi	lite annual baras	2-15-15
LIFE IS BEAUTIFUL SACRE		<u></u>
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	228 N. ADELLE AVE.	<del></del>
	DELAND, FL 32720	
Pa4	SAME AS ABOVE	
Enter new mailing address, if applicable:	5/W.E.7/67/B57/E	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		714
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of	fice address on our records, <u>er</u>	nter the name of the new
registered agent and/or the new registered office address here		
Name of New Registered Agent:	<del></del>	
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a.
	City, Floriu	Zin 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

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



If amending any other i	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
	_
The effective date must be spec	han the date of filing:     DARCH 15   2015 (optional)
Dated FEBRUARY 25	5th 2015
	dierita R. Marullo
/ 0	Signature of a member or authorized representative of a member  TA R. MARULLO
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00