

08/09/14 09:36AM  
8/8/2014

09:36AM

Accounting Service Inc. 305-591-9167  
Division of Corporations

8.01

**L14000112212**

## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : JELEN ACCOUNTING SERVICES, INC  
Account Number : 120120000052  
Phone : (305) 591-9180  
Fax Number : (305) 591-9167

**\*\*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 PASSEPARTOUT TRAVEL SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 AUG 11 AM 2:44

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 11 AM 7:57

FILED

FILED<sup>p.02</sup>

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

2014 AUG 11 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**PASSEPARTOUT TRAVEL SERVICES, 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 07/15/2014 and assigned  
Florida document number L14000112212

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 end with 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)

4805 NW 79 AVENUE, SUITE 4  
MIAMI, FL. 33166

Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

4805 NW 79 AVENUE, SUITE 4  
MIAMI, FL. 33166

**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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MARIA J ESCOTET	11376 NW 68TH STREET	<input checked="" type="checkbox"/> Add
		DORAL, FL. 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

**MEMBERS PERCENTAGE INTEREST:**

CYNTHIA LILUE 25%

DANIEL ENRIQUE CIVIL 25%

MANUEL SEBASTIAN ESCOTET 25%

MARIA JULIA ESCOTET 25%

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **AUGUST 8** **2014**

  
Signature of a member or authorized representative of a member

**CYNTHIA ELAINE LILUE R.**  
Typed or printed name of signee

FILED  
2014 AUG 11 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA