

L14000128248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

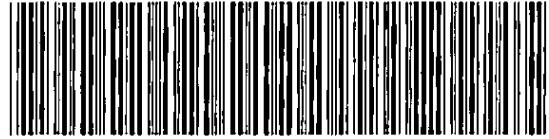
(Business Entity Name)

(Document Number)

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2019 FEB 21 3 35 PM  
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262/19 05

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 637869 8009642

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : February 19, 2019

ORDER TIME : 1:19 PM

ORDER NO. : 637869-001

CUSTOMER NO: 8009642

DOMESTIC AMENDMENT FILING

NAME: CRUISING WITH CLIFF AND  
ELDINE, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

CRUISING WITH CLIFF AND ELDINE, LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eldine or Clifford Marchbank  
Name of Person

Cruising with Cliff and Eldine LLC  
Firm/Company

2445 Beck Circle  
Address

Deltona FL 32738  
City/State and Zip Code

eldine@cliffeldinetravel.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eldine Marchbank at (386) 801 9328  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CRUISING WITH CLIFF AND ELDINE, 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 08-15-2014 and assigned  
Florida document number L14000128248

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

CECO TRAVEL, LLC

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)**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**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*

\_\_\_\_\_, **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**

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>                   |
|--------------|------------------|-----------------------------|---|
| MGR          | Eldine Marchbank | 2445 Beck Circle            | <input checked="" type="checkbox"/> Add |
|              |                  | Deltona, FL 32738           | <input type="checkbox"/> Remove         |
|              |                  |                             | <input type="checkbox"/> Change         |
| AMBR         | Johanna James    | 506 Harrison Place: Apt 514 | <input checked="" type="checkbox"/> Add |
|              |                  | DeLand, FL 32724            | <input type="checkbox"/> Remove         |
|              |                  |                             | <input type="checkbox"/> Change         |
|              |                  |                             | <input type="checkbox"/> Add            |
|              |                  |                             | <input type="checkbox"/> Remove         |
|              |                  |                             | <input type="checkbox"/> Change         |
|              |                  |                             | <input type="checkbox"/> Add            |
|              |                  |                             | <input type="checkbox"/> Remove         |
|              |                  |                             | <input type="checkbox"/> Change         |
|              |                  |                             | <input type="checkbox"/> Add            |
|              |                  |                             | <input type="checkbox"/> Remove         |
|              |                  |                             | <input type="checkbox"/> Change         |

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

1112

**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 605.0207 (3)(b)

**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 Feb: 21<sup>st</sup>, 2019

Signature of a member or authorized representative of a member

Clifford A Marchbank

Typed or printed name of signee