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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Danisa and Alisanda a)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJF		Travel LLC.		
		Name of Limi	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Jacquiline Skelton		
			Name of Person	
		J R World Travel LLC.		
			Firm/Company	
		12705 Castleberry Ct.		
			Address	
		Hudson, Florida 34667		
			City/State and Zip Code	
		jrworldtravel@hotmail.cor		
		E-mail address: (t	o be used for future annual report notifi	ication)
For furi	ther information co	oncerning this matter, please ca	11:	
Jackie	Skelton		727 277 6110	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	5.00 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 Tallahussee, 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

J R WORLD TRAVEL LLC.				
(Name of the Limit	ed Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Li	iability Company	were filed on Auguest 20 2014	and assi	gned
lorida document number L14000130881	·			
nis amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liab	oility company here:		
ne new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.1	
nter new principal offices address, if applic		12705 Castleberry Ct.		
Principal office address MUST BE A STREE	T ADDRESS)	Hudson, Florida 34667	===	V10
				38
nter new mailing address, if applicable:		12705 Castleberry Ct	JUN 26	
failing address MAY BE A POST OFFICE	BOX)	Hudson, Florida 34667	-	19 Fig.
			<u> </u>	<u> </u>
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. If amending the registered agent and/egistered agent and/or the new registered of			r the name o	of the
Name of New Registered Agent:	David C Gilmo	ore Atttorney at Law		
New Registered Office Address:	11169 Trinity	Boulevard		
		Enter Florida street address	·····	
	Trinity	Florida ²	34655	
		Circ	Zin Coda	

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.

Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Type of Action
AMBR	Jacquiline Skelton	12705 Castleberry Ct. Hudson, I	= Add
		7835 Summertree Lane New Po	■ Remove
			Change
AMBR	Ross Boblitt	12705 Castleberry Ct. Hudson F	⊒ Add
		7835 Summertree Lane New Po	■ Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Remove
			Change
			
			Remove
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			Add
			Remove
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eco	ord specifie	es a de	elayed	effe	ctive	date	, but	not a	n eff	ective	e tim	ne, at	12:	01 a	.m. on	the e	earlie
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Filing Fee: \$25.00