

12/4/2015

**L14000160351**

2015-12-04 14:44:29 AM

180-5133605 From: Angie Corton

Division of Corporations

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : PANELL LAW GROUP, LLC  
Account Number : I20130000088  
Phone : (305)513-8606  
Fax Number : (305)513-8605

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: eli@panell-law.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NORTH SHORE TRAVEL LLC**

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH SHORE TRAVEL LLC

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:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

Name of Person

PANELL LAW GROUP, LLC

Firm/Company

8750 NW 36TH STREET, SUITE 425

Address

DORAL, FL 33178

City/State and Zip Code

eli@panell-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

305 513-8606

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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2015 DEC -4 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

NORTH SHORE TRAVEL 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 10/14/2014 and assigned  
Florida document number L14000160351.

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 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*

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	BARBARA SURMANI CUPEIRO	3785 NW 82ND AVENUE	<input checked="" type="checkbox"/> Add
		STE 104, DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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(b) The 90th day after the record is filed.

Dated December 3, 2015

  
Signature of a member

Signature of a member or authorized representative of a member

BARBARA SURMANI CUPEIRO, MANAGER

BARBARA SURMAN: CUPEIRO

Typed or printed name of signee