12/4/2015



## Florida Department of State

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Division of Corporations

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Account Name : PANELL LAW GROUP, LLC

Account Number : I20130000088 Phone : (305)513-8606 Fax Number : (305)513-8605

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Email Address: eli@panell-law.com

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

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## **COVER LETTER**

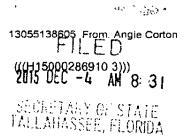
	Registration S Division of Co			
61/20187		SHORE TRAVEL LLC		
SUBJEC	, L; <u>,</u>	Name of Limi	ted Liability Company	<del></del>
The encle	osed Articles o	of Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		ELI PANELL, ESQ., CPA	, CFP(r), LL.M.	
		And the state of t	Name of Person	
		PANELL LAW GROUP,	LC	
			Firm/Company	<del></del>
		8750 NW 36TH STREET.	SUITE 425	
	Address			
		DORAL, FL 33178		
			City/State and Zip Code	
		eli@panell-law.com		
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For furth	er information	concerning this matter, please of	all:	
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Enclosed	d is a check for	the following amount:		
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, PL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

NORTH SHORE TRAVEL LLC

2015-12-04 14:44;29 (GMT)



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Compar</u> (A Florida Limited I.	ty as it now annews on our reco	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L14000160351	were filed on 10/14/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "L	LC" ar the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(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 off registered agent and/or the new registered office address here  Name of New Registered Agent:	fice address on our reco	rds, enter the name of the new
New Registered Office Address:	Enter l'Iorida street add	ress
		Florida
4	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is
WChan	ning Pagistered Agent Nighton	ve of New Registered Agens

Page 1 of 3

(((H15000286910 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

Title	Name	Address	Type of Action
MGR	BARBARA SURMANI CUPEIRO	3785 NW 82ND AVENUE	<b>≣</b> Add
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			Add
			□ Remove
			Change
			□ Remove
			Change
<del></del>			
			□ Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note:	ve date, if other than the date of filing:	o 605,0207 (3 ½b) e listed as the
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the $\epsilon$ 90th day after the record is filed.	earlier of:
Dated_	December 3, 2015.	
	B	
	Signature of a member or authorized representative of a member	_
	BARBARA SURMANI CUPEIRO, MANAGER BARBARA SURMANI	0.06160
	- U 1/12(1)W " ~ V (1) (N (1) (1)	JUL 1011 C

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