(Re	questor's Name)	
(Ad	dress)	
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(,	
	10: 10: 10:	
(Cit	y/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

• TO:

TO:		stration Se sion of Co	ection porations						
421213			ravel Group,lle						
SUB.	JECT: _		Name of Lim	ited Liability Company					
The c	enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.					
Pleas	e return a	ill correspo	andence concerning this matter	to the following:					
			Jay Jahid						
				Name of Person					
			Redrock Travel Group, LL	С					
				Firm/Company					
			11951 International Drive.	11951 International Drive, Suite#C7					
				Address					
			Orlando, Florida 32821						
				City/State and Zip Code					
			jay@redrocktravelgroup.co						
				to be used for future annual	герогі попінса	tion)			
For fi	urther inf	ormation c	oncerning this matter, please ca	all:					
JAY	JAHID				7-9541				
	Name of Person		at () Area Code	Daytime Te	elephone Number				
Cuala	enad is a d	shoole for a	ha fallaning amount			r			
	25.00 Fil		he following amount: □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registrat	ion Section of Corporatio	ADDRESS:			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) ANY OF STATE

FILED

Redrock Travel Group, LLC

(Mailing address MAY BE A POST OFFICE BOX)

2018 SEP -7 AM 11: 29

TALLAHASSEE, FL

Zip Code

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

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>	Type of Action
MGR	ILHAM TAHRRAOUI	11951 International drive, suite#C7, Orlando, Florida 32821	□ Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
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ffective (date, if other	than the date	of filing: _				_ (optiona	l)	
an effectiv	e date is listed, ti se date inserted	he date must be sp I in this block d	pecific and ca oes not mee	nnot be prior to t the applicab	date of filing or : le statutory fili	more than 90 o ng reauirem	lays after filir ents, this dat	g.) Pursuant to e will not be	605,020 listed a:
<u> </u>	s effective date	e on the Departi	nent of Stat	e's records.	,				
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Page 3 of 3

Filing Fee: \$25.00