L14000189181

(Red	questor's Name)	
(Add	dress)	<u>.</u>
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





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SECRETARY OF STATE

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COVER LETTER

	Registration Se Division of Cor						
		Redrock Travel Group					
SUBJEC	ı:	Name of Limited Liability Company					
The encto	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please reti	arn all correspo	ndence concerning this matter	to the following:				
		Jay Jahid					
		Redrock Travel Group	Name of Person				
		11951 international drive,	Firm/Company suite C7				
		Orlando,FL 32821	Address				
		jay@redrocktravelgroup.co	City/State and Zip Code m				
		E-mail address: (to be used for future annual report notif	ication)			
For further	r information co	oncerning this matter, please ca	all:				
jay jahid			407 797-9541 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed i	s a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redrock Travel group (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 $\frac{12/11/2014}{1}$ Florida document number $\underline{L14000189181}$ 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 "L.C." 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

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.

City

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>Ťitle</u>	Name	Address	Type of Action
MGR	Ilham Tahrraoui	11951 international drive	
		suite C7,Orlando FL 32821	■ Remove
			Change
v	Matt Kanuck	11951 International Drive	
		Suite C7,Orlando Fl 32821	
			□ Remove
		-	Change
		-	
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Change
			Remove
			☐ Change

). If amending any other info	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	<u>,</u>
	
•	
Note: If the date inserted in the	the date of filing:
the record specifies a dela) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: record is filed.
Dated october 31	2018
	Signature of a member of unthorized representative of a member
jay jahid	
	Typed or printed name of signee

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Filing Fee: \$25.00