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AUG 0 4 2015 **3 MASON**

COVER LETTER

	ation Section n of Corporatio	ns		
SUBJECT:	CAROL	CHOMANCE.	TRAVEL	
		Name of L	imited Liability Company	
The enclosed Ar	ticles of Amendi	nent and fee(s) are s	submitted for filing.	
Please return all	correspondence	concerning this matt	ter to the following:	
		CA	ROL D/AMODD Name of Person	
		CARO	L D/ANONA TCAVEL Firm/Company	·uc
		4250	DESTE COURT Address	
		LAKE WORT	City/State and Zip Code	
	+		R VS @ AUL. EQ M S: (to be used for future annual report no	
For further inforr	mation concernir	g this matter, please	e call:	
	CAROL D	AMOND	at (561) Partin	6898
	ivaine of reison		Area Code Daytii	ne Telephone Number
Enclosed is a che		=		
5 \$25.00 Filing	g Fee	0.00 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

AROL DIA	MOND TEAVEL	uc_		
(Name of the Limited	Liability Company as it now Florida Limited Liability Con	pany)	<u>us.</u>)	
The Articles of Organization for this Limited Lial	oility Company were filed	on FEB 3	7015	and assigned
Florida document number L 150000 >	0580	,	,	2915
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	ha limitad lighility comp	onsy hano		d F
s. It amending name, enter the new name of t	ne minted hability comp	any nere:		U II
The new name must be distinguishable and contain the wor	ds "Limited Liability Company	," the designation "LL(C" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicat	ole:		,	-
Principal office address MUST BE A STREET				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BO	<u></u>			···
				
D. 16 amounting the marks and a second				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office addr ce address here:	ss on our record	s, <u>enter</u>	the name of the r
Name of New Registered Agent:	CAROL DIAI	100 b		
New Registered Office Address:	4xxo Des	E COURT		
	En	ter Florida street addres	ss	
	LAKE WORDS	, FI	orida_	33467 Zip Code
	City			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.

f 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
		<u> </u>	Add
			☐ Remove
			☐ Change
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Rective date, if other than the date of filing: In effective date is listed, the date must be specific and carnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Ite: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. Trecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled. Ited JULY 99, 2011 CAROL DA MAND Typed or printed name of signee		
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Filing Fee: \$25.00