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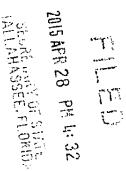
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K.SALY EXAMINER MAY -6 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: <u>AZZ Travel Mub Sales Enterprise LLC</u> 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:
Tomás Gamez Name of Person
azz Travel Club Sales Enterprise UC
925 Marseille Dr. apt. 4
Miami Beach, FL, 33141 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TOMUS GUMP 2 at (£17) 230 - 9063 Name of Person at (£17) Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

	FILED
2015 A	PR 20 -
PALLAH	ARCOF SIMTE 4 SSEE, FLORID.
ſ	LURIO.

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

(A Florida Limited Liability Company)

(81)	orda Elimica Elability Company)	
The Articles of Organization for this Limited Liabili Florida document number <u>L 150003</u>	ty Company were filed on <u>03</u> <u>79</u> 23	02/15 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the Travel Club Salvs Inv. The new name must be distinguishable and end with the words	10vators LLC	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	Party 9-30-00 (All All All All Street 1990) (All All All All All All All All All Al
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX B. If amending the registered agent and/or r	VIII. 1	records enter the name of the new
registered agent and/or the new registered office		cerous, enter the name or the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida stree	et address .
		, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
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			□ Remove

If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)
	- 1
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and co	(optional)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and catthe date this document is filed by the Florida Department of State)	(optional) annot be more than 90 days after
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Dated april 15, 2015.	annot be more than 90 days after
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Filing Fee: \$25.00

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