L15000085049

(Rec	questor's Name)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
ento ne		A TARVIL LLC		
SUBJE	UI:	Name of Limi	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		Inima Perez		
			Name of Person,	LA CUBANA TRAVEL LLC. 925 PALM AVE HIALEAH, FL 33010 PH: 305-45 6-8 981
		925 Palm Ave	Fitte/Company	
		Hialcah Fl 33010	Address	
		lacubanatravel@gmail.com	City/State and Zip Code	
		E-mail address; (to be used for future annual report	t notification)
For furt	her information co	oncerning this matter, please ca	all:	
Inima P	erez.		305 456-698	:1
	Name o	Person	Aren Code Da	rytime Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	.00 Filing Fec	□ \$30.00 Fifing 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

(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 $\frac{05/13/2015}{2}$ _____ and assigned Florida document number L15000085049 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 "LLC" or the abbreviation "LLC." 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: Joel W. Martinez. Name of New Registered Agent: 925 Palm Ave 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

Hialleah

If Changing Registered Agent, Sig

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

,,,,,,,,,	1	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Joel W. Martinez	925 Palm Ave Hialeah Fl 33010	
			■ Add
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			☐ Change
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Effective date, if other than the o	09/13/2018 date of filing:	(o)	otional)	
f an effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to da	te of filing or more than 90 days at	fter filing.) Pursuant to 605.0)207 (d as 1
document's effective date on the De				
ne record specifies a delayed The 90th day after the reco	effective date, but not an	effective time, at 12:0:	1 a.m. on the earlier	rof
The 90th day after the reco	itu is illea.			
Dated September 13	2018			
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	Hoch			
	Signature of a member of multi-tire	Frepresentative of a member		
	/			

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Filing Fee: \$25.00