Florida Department of State

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Account Number : I19990000058 : (954)753-2222 Fax Number : (954)753-1123

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CRUISE PLANNER 2, LLC**

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Corporate Filing Menu

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MAR 0 4 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRUISE PLANNER 2, LLC					
(Name of the Limited Lin (A Fig.	billty Company as it rida Limited Liability	now addears on our re Company)	ecords.)	-	
The Articles of Organization for this Limited Liability Florida document number 1.15000097236	y Company were fi	iled on 06/03/2015		und assigned	3
This amendment is submitted to amend the following	:				
A. If amending name, enter the new name of the CREATIVE CRUISE CONSULTANT, LLC	limited liability co	mpany here:			
the new name must be distinguishable and contain the words "I	Limited Liability Com	pany," the designation '	"LLC" or the at	breviation "L.L.C."	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AL	ODRESS)				
Enter new mailing address, if applicable:					
(Muiling address MAY BE A POST OFFICE BOX)	<u> </u>				
Name of New Registered Agent: New Registered Office Address:		Finier Florida street u	sklevev		<u> </u>
New Registered Agent's Signature, if changing Registe	City	· · · · · · · · · · · · · · · · · · ·	, Florida	Zip Cods	
I hereby accept the appointment as registered ages provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	nt and agree to ac I complete perfori I agent as provide Iered office addres	nance of my duties d for in Chapter 6	i, and I am j 05, F.S. Or,	familiar with and if this document	1
	if Changing Re	gistered Agent, Signat	ure of New Ro	pistered Agent	
	Page 1 of 3		Y OF STATE EE. FLORIDA	38	,
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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member			
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
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ctive date, if other than the date offective date is listed the date must be so	of filing: coific and cannot be prior to date of oes not meet the applicable state ment of State's records.	filing or more than 90 story filing requirement	(optional) days after filing) ents, this date v	Pursuant to 605.
e: If the date inserted in this block do ument's effective date on the Departm record specifies a delayed effe he 90th day after the record is	ective date, but not an eff	fective time, at 1	12:01 a.m. c	on the earlie
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