

7/26/2016

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)962-3889

**\*\*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  
FARE FACTORY, LLC

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

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K. GALT  
EXAMINER  
JUL 27

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FARE FACTORY, LLC**

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:

**Cheyenne Moseley**

Name of Person

**Legalzoom.com, Inc.**

Firm/Company

**101 N. Brand Blvd., 11th Floor**

Address

**Glendale, CA 91203**

City/State and Zip Code

**egdinbox@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Cheyenne Moseley**

at **800 773-0888 ext. 9724**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

**FARE FACTORY, LLC**

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

**FILED**  
2016 JUL 26 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/10/2015 and assigned Florida document number L15000118986.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Travel Hunt Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11382 Shovler Ct

**(Principal office address MUST BE A STREET ADDRESS)**

Jacksonville, FL 32225

Enter new mailing address, if applicable:

11382 Shovler Ct

**(Mailing address MAY BE A POST OFFICE BOX)**

Jacksonville, FL 32225

**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:

11382 Shovler Ct

*Enter Florida street address*

Jacksonville

*City*

, Florida 32225

*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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Aseem Khan	137 Lamson St.	<input type="checkbox"/> Add
		Jacksonville, FL 32211	<input checked="" type="checkbox"/> Remove
AMBR	Kerry J Driver	137 Lamson St.	<input type="checkbox"/> Add
		Jacksonville, FL 32211	<input checked="" type="checkbox"/> Remove
AMBR	Lokesh Pant	137 Lamson St.	<input type="checkbox"/> Add
		Jacksonville, FL 32211	<input checked="" type="checkbox"/> Remove
MGR	Kerry J Driver	11382 Shovler Ct	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove
MGR	Lokesh Pant	11382 Shovler Ct	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove

2016 JUL 26 AM 11:29  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please change the mailing address from  
11382 Shovler CT Jacksonville FL 32225 to  
P.O. Box 351623 Jacksonville FL 32235

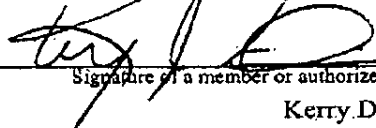
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

7/3

2016



Signature of a member or authorized representative of a member

Kerry Driver

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA