

L15000140858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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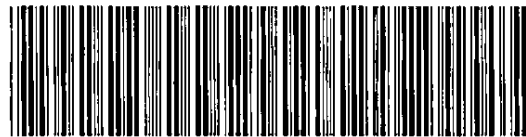
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL IN TRAVELS 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:

Luis David Ceballos

Name of Person

ALL IN TRAVELS LLC

Firm/Company

1900 N. BAYSHORE DR. #709

Address

Miami FL 33132

City/State and Zip Code

PP@ALLINTRAVELS.COM

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

For further information concerning this matter, please call:

LUIS DAVID CEBALLOS

Name of Person

at ( 786 ) 4860871

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**

ALL IN TRAVELS LLC

(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 08-18-2015 and assigned Florida document number 115000140858.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1900 N BAYSHORE DR  
MIAMI FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 N BAYSHORE DR  
# 7CF1  
MIAMI FL 33132

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:

PAOLA PINEDA

New Registered Office Address:

2075 NE 18 St

Enter Florida street address

MIAMI

City

Florida

33132

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	PAULA PINEDA	3701 NE 170 St	<input type="checkbox"/> Add
		NORTH MIAMI	<input checked="" type="checkbox"/> Remove
		FL 33160	<input type="checkbox"/> Change
MGR	Luis David Celzillos	1900 N BAYSHORE DR	<input checked="" type="checkbox"/> Add
		MIAMI FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 28/2017

PAULA PINEDA

Typed or printed name of signee