15000143649

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COVER LETTER

Anna Trav	el LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Paul H. Spitz		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Law Office of Paul H. Spit	z LLC	
		Firm/Company	
	810 Sycamore Street, 2nd l	Floor	
		Address	
	Cincinnati, OH 45202		
Ì		City/State and Zip Code	
Ì	phs@spitzbusinesslaw.com		
1	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Paul H. Spitz		513 258-2062	
Name	of Person	at () Area Code Daytim	e 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

Anna Travel LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L15000143649	y Company were filed on 8/21/2015	and assigned
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the l	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 AD	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:	egistered office address on our records, e	enter the fiame of the new
	, Floric	da Zip Code
New Registered Agent's Signature, if changing Regist	y.	zip Code
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the registered company has been notified in writing of this change.	ent and agree to act in this capacity. I furth nd complete performance of my duties, and i d agent as provided for in Chapter 605, F.S. tered office address, I hereby confirm that t	I am familiar with and S. Or, if this document is

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:

þ

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00