

L15000/56 326

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2015
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH AMERICAN TRAVEL 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:

CHIKH SALAH, MOUSSA

Name of Person

WOLKAR LLC

Firm/Company

805 N ANDREWS AVE

Address

FORT LAUDERDALE, FL 33311

City/State and Zip Code

moussa@hydravoyages.com

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

For further information concerning this matter, please call:

ANTOINE GENDRE

954 530 1337

Name of Person

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NORTH AMERICAN TRAVEL 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 09/14/2015 and assigned
Florida document number L15000156326.

This amendment is submitted to amend the following:

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

NORTH AMERICA TRAVEL LLC

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)

805 NORTH ANDREWS AVENUE

FORT LAUDERDALE, FL 33311

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

805 NORTH ANDREWS AVENUE

FORT LAUDERDALE, FL 33311

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:

CHIKH SALAH, MOUSSA

New Registered Office Address:

805 NORTH ANDREWS AVENUE

Enter Florida street address

FORT LAUDERDALE

, Florida 33311

City

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

CH

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	De Freitas Dagher, STEFANY	16465 NE 22ND AVE, # 213	<input type="checkbox"/> Add
		North Miami Beach, FL33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	North America Experience LLC	805 NORTH ANDREWS AVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 OCTOBER 16 2015

CHIKH SALAH MOUSSA
Typed or printed name of signee