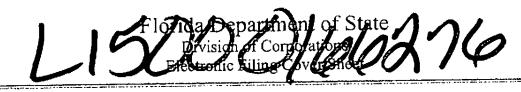
From Account Bookkeeping 1.321.888.4914 Tue Feb 6 13:15:52 2018 MST Page 1 of 5 Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000038666;3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055

: (407)898-1757

Fax Number

: (407)897-5336

RECEIVED

FEB 0.6 2018

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

Email Address:	mail	Address:		· .	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

O MERCADO LLC

Certificate of Status		0
Certified Copy	·	0
Page Count		01
Estimated Charge		\$25.00

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From Account Bookkeeping 1.321.888.4914 Tue Feb 6 13:15:52 2018 MST Page 2 of 5

COVER LETTER

PO: Registration Set Division of Corp			
	O MERO	CADO LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	RAFAELA MARTINS		
		Name of Person	
	ACCOUNT BOOKKEEPIN	NG CORP	
		Firm/Company	
	5301 CONROY RD STE 1-	40	
		Address	
	ORLANDO /FL/32811		_
		City/State and Zip Code	
	INFO@ABKCORP.COM		Contina
		o be used for fature annual report noti	ncation)
For further information of	oncerning this matter, please ca	ill:	
KAFAELA MARTINS		407 \$98-1757 at ()	
Name o	f Person	Area Code Daytin	c Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fcc	□ \$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)
		**	
	ANG ADDRESS:	STREET/COUR Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

 $\tilde{\mathbf{a}}!$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O MERCADO LLC			<u></u>
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)	·
The Articles of Organization for this Limited l			and assigned
Florida document number L15000166276	 ,		
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		701
(Principal office address MUST BE A STRE	ET ADDRESS)		67
			۳۰۰ ر۲
·			王
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u> </u>		E.
			<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office add office address here:	ress on our records, e	nter the name of the ne
Name of New Registered Agent	LRANILDO CAMPOS JU		
New Registered Office Address:	4143 W. TOWN CENTE	R BLVD.	
New Negisteres Office Multiss.	<u> </u>	Enter Florida street address	
	ORLANDO	, Florid	n 32837
	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

From Account Bookkeeping 1.321.888.4914 Tue Feb: 6 13:15:52 2018 MST Page 4 of 5

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>	Address	Type of Action
AMBR	PERSONNALITE TRAVEL, INC	14043 ISLAMORADA DR	∆dd
		ORLANDO, FL 32837	■ Remove
			Change
MGR	CAMPOS JUNIOR, IRANILDO	13795 GOLDEN RUSSET DR	B Add
		WINTER GARDEN, FL 34787	Remove
			☐ Change
			Remove
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			Change 0
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

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ffective date, if other th	on the date of f	iling:	•	(opt	ional)	
an effective date is listed, the Note: If the date inserted is	date must be specific	e and cannot be pri	or to date of filing or icable statutory fil	more than 90 days after ing requirements, th	er filing.) Pursuant to 60 is date will not be lis	5.0207 ted as
ocument's effective date of	on the Department	of State's record	ls.			
					n on an the earl	iar o
e record specifies a d The 90th day after t	lelayed effectiv he record is fil	/e date, but r ed.	iot an effective	time, at 12:01	a.m. on the ear	iei o
Pated JANUARY 31TH	<i>j</i>	20\8	·			
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