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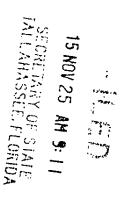
(Re	questor's Name)	
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## **COVER LETTER**

·	sistration Se sision of Cor			
SUBJECT:	EZ TRAVE	L SOLUTIONS LLC		
ocbober.		Name of Lim	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		HECTOR MIELES		
			Name of Person	-
		EZ TRAVEL SOLUTION	S LLC	
			Firm/Company	
		7523 ALOMA AVE, SUIT	TE 202	
			Address	
		WINTER PARK, FL 327	92	
			City/State and Zip Code	
		SPINNAKERTRAVEL@C		
		E-mail address; (	to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please co	all:	
HECTOR M	IIELES		407 294-9038 at ( )	,
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 F	iling 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

EZ TRAVEL SOLUTIONS LLC		
(Name of the Lim	ited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited I	Liability Company were filed on 10/14/	2015 and assigned
Florida document number L15000174967	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, <u>enter the new name</u>	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	*** *** ******************************	
Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
3. If amending the registered agent and	Non-mariatared affice address on au	on managed antau the name of the
registered agent and/or the new registered of		· 50 <b>5</b>
Name of New Registered Agent:	DAMIEN MIELES	NOV 2
New Registered Office Address:	7523 ALOMA AVE SUITE 202	SET S
	Enter Florida .	F-1,2
	WINTER PARK	, Florida 2792
	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



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
MGR	HECTOR MIELES	10625 JONATHAN DRIVE	
		ORLANDO, FL 32825, US	■ Remove
		<del> </del>	□ Change
MGR	DAMIEN MIELES	7523 ALOMA AVE, SUITE 202	■ Add
		WINTER PARK, FL 32792	□ Remove
			Change
MGR	LILIANE CAAMANO	ANE CAAMANO 7523 ALOMA AVE, SUITE 202	Add
		WINTER PARK, FL 32792	□ Remove
			□ Change
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		7. Act
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	11/1/6/	7015
fect	ive date, if other than the date of filing:	(optional) (optional) private prior to date of filing or more than 90 days after filing.) Pursuant to 605.
in efi ofe:	fective date is listed, the date must be specific and cannot be.  If the date inserted in this black does not meet the ar	e prior to date of filing or more than 90 days after filing.) Pursuant to 605. upplicable statutory filing requirements, this date will not be liste
cum	nent's effective date on the Department of State's reco	cords.
re	cord specifies a delayed effective date, but	it not an effective time, at 12:01 a.m. on the earlie
	90th day after the record is filed.	·
ated	NOVEMBER, 16 2015	
		<del></del>
	X	<b>~</b> .
		r authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00