

L15000.179344

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

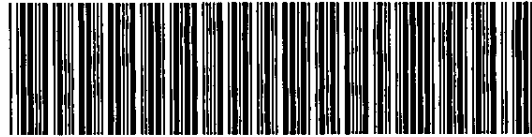
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/16--01010--012 **43.75

FILED
2016 APR 20 PM 12:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5/4



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 APR 20 AM 11:28

TALLAHASSEE, FLORIDA

April 8, 2016

YOUR WAY TRAVEL SERVICES, LLC
ATTN: JASON RHEN
8815 CONROY-WINDERMERE RD, STE 342
ORLANDO, FL 32835

SUBJECT: ROSS TRAVEL SERVICES, LLC
Ref. Number: L15000179344

We have received your document for ROSS TRAVEL SERVICES, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 016A00007208

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROSS TRAVEL SERVICES, 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:

JASON RHEN
Name of Person

YOUR WAY TRAVEL SERVICES, LLC
Firm/Company

8815 COURVOY-WINDERMERE RD. STE 342
Address

ORLANDO FL 32835
City/State and Zip Code

yourwaytravel services@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON RHEN at (407) 963-3574
Name of Person 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**

ROSS TRAVEL SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2016 APR 20 PM 12:25
SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 21 October 2015 and assigned
Florida document number L15000179344

This amendment is submitted to amend the following:

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

YOUR WAY TRAVEL SERVICES, 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)

8815 COURTY-WINDERMERE RD

SUITE 342

ORLANDO FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8815 COURTY-WINDERMERE RD

SUITE 342

ORLANDO, FL 32835

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:

New Registered Office Address:

Enter Florida street address

, Florida

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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2018 APR 26 PM 1:25
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

COMPANY CATEGORY - "ANY LAWFUL BUSINESS"

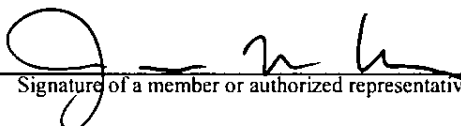
E. Effective date, if other than the date of filing: _____ (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 18 APRIL, 2016.


Signature of a member or authorized representative of a member

JASON M. RHEW
Typed or printed name of signee

FILED
2016 APR 20 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA