## L1500179348

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SECRETARY OF STATE TALLAHASSEE, FLORID

OUT 29 PUTS

## COVER LETTER

TO: Registration Se Division of Cor			
Connected SUBJECT:	Travelr, LLC		
SUBJECT,	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Matthew Thompson, Esq.		
		Name of Person	
		Firm/Company	
	1226 N. Tamiami Tr., Suit	ne 302	
		Address	
	Sarasota, FL 34236		
	accounts@mainstreetcorps	City/State and Zip Code	cation)
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	28 T
Matthew Thompson		941 554-4393 at ()	<u> </u>
Name o	f Person	Area Code Daytime	Telephone Number 22
Enclosed is a check for the	he 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

(Name of the Limited Li (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)	
Organization for this Limited Liabili ent number L15000179368	ity Company were filed on October 21, 2015	and assigned
nt is submitted to amend the followin	ng:	
g name, enter the new name of the	limited liability company here:	
st be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
acipal offices address, if applicable	:	
e address MUST BE A STREET A	DDRESS)	
iling address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	10	
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	registered office address on our records, enter	the name of the na
	registered office address on our records, <u>enter</u>	2015 SECT
ing the registered agent and/or a		2015 OC SECRE VALLAH,
ing the registered agent and/or t nt and/or the new registered office		2015 SECT
ing the registered agent and/or and/or the new registered office of New Registered Agent:	address here:  Enter Florida street address	2015 OC 28 P
ing the registered agent and/or and/or the new registered office of New Registered Agent:	address here:	2015 OC 28   SECRETARY C
	Organization for this Limited Liabilent number  L15000179368  In this submitted to amend the following name, enter the new name of the last be distinguishable and contain the words incipal offices address, if applicable and address MUST BE A STREET A liling address, if applicable:	Organization for this Limited Liability Company were filed on October 21, 2015  ent number L15000179368  In this submitted to amend the following:  In a name, enter the new name of the limited liability company here:  In this submitted to amend the following:  In a name, enter the new name of the limited liability company here:  In this submitted to amend the following:  In a name, enter the new name of the limited Liability Company," the designation "LLC" or the a nacipal offices address, if applicable:  In address MUST BE A STREET ADDRESS)

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

Title	<u>Name</u>	Address	Type of Action
AMBR Matthew Thompson	Matthew Thompson	1226 N. Tamiami Tr., Suite 302	■ Add
		Sarasota, FL 34236	□ Remove
			☐ Change
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nding any othe	r information, e	enter change(s) h	ere: (Attach add	itional sheets, if ne	cessary.)	
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ive date, if other	r than the date of the date must be see	of filing: scific and cannot be no	ior to date of filing o	op conception 90 days af	<b>tional)</b> ter filing.) Pursuant to 605.0	1207 (ЗУЉ)
If the date insert	ed in this block do	es not meet the app	licable statutory fi	ling requirements, t	his date will not be listed	as the
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90th day after	r the record is	filed.	HOL AIT CHECKIA	e ume, at 12.01	. a.m. on the earner	01.
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October 26		2015	•			
	m					
	Signat	ure of a member or a	uthorized representat	ive of a member		
Tia Cirksen	I					
ļ <del> </del>		Typed or pr	inted name of signor	<del></del>		
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	Add EIN: 47-540  live date, if other betive date is listed, If the date inserte tent's effective date of the date inserted to the date	Add EIN: 47-5402970  live date, if other than the date lective date is listed, the date must be sp. If the date inserted in this block doesn's effective date on the Department's effective date on the Department's date and after the record is October 26	ive date, if other than the date of filing: betive date is listed, the date must be specific and cannot be put if the date inserted in this block does not meet the appeart's effective date on the Department of State's record specifies a delayed effective date, but 90th day after the record is filed.  October 26 2015  M. M. Signature of a member of an Tia Cirksena	Add EIN: 47-5402970  Ive date, if other than the date of filing: Betive date is listed, the date must be specific and cannot be prior to date of filing of If the date inserted in this block does not meet the applicable statutory figure. Secretary and the date of the date inserted in the Department of State's records.  Cord specifies a delayed effective date, but not an effective day after the record is filed.  October 26  2015  AW WWW  Signature of a member or authorized representation.	Add EIN: 47-5402970  tive date, if other than the date of filing:	tive date, if other than the date of filling:    Continue   Contin