

L15000189352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

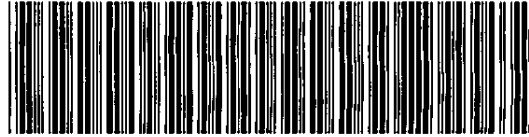
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/14/15--01021--011 **25.00

12/14/15--01021--012 **30.00

FILED
2015 DEC 14 PM 4:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
DEC 16 2015

Dear Sir/Madam,

I wanted to make certain I am amending the correct form that will indicate that I am not only the registrant but also owner/manager of Business. And that this will be indicated on document. Please call me if wrong -

Jacqueline Gordon
954 865 1397

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All Around 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:

Jacqueline Gordon
Name of Person

All Around Travel
Firm/Company

824 E Palm Run Drive
Address

Pompano Bch, FL, 33068
City/State and Zip Code

Jackie.Gordon@abTravel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Gordon at (954) 8651397
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

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2015 DEC 14 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
as and assigned

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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>
Owner	Jacqueline Gordon	824 E Palm Run Dr	<input checked="" type="checkbox"/> Add
MGR		Pompano Bch, FL 33068	<input type="checkbox"/> Remove
AMBR			<input type="checkbox"/> Change
MGR	Michael Brown		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tatyana Brown		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James Adams		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 DEC 16 4:58 PM
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL 32304

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

Jacqueline Gordon should be listed
as Manager/owner of All Around Travel
LLC

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TALLAHASSEE, FLORIDA

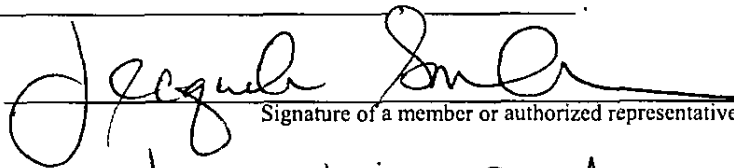
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____



Signature of a member or authorized representative of a member

Jacqueline Gordon

Typed or printed name of signee