## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160000289013)))



H160000289013ABC

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARBOSA LEGAL
Account Number : 120110000049
Phone : (305)501-4680
Fax Number : (305)359-9543

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

Email Address: BBARBOSA@BARBOSALEGAL.COM

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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K. SALY EXAMINER

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THE AMASSEE, FLORIDA

#### H160000289013

### **COVER LETTER**

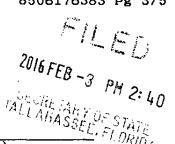
	TO: Registration Section Division of Corporations						
SUBJEC	TERESA P	EREZ AMERICA TRAVEL, I	LLC				
SUBJEC	-1;	Name of Lim	ted Liability Company				
The encl	osed Articles of A	Amendment and fee(s) are sub	nitted for filing.				
		ndence concerning this matter	•				
		В	RUNA BARBOSA				
	Name of Person						
BARBOSA LEGAL							
Firm/Company							
407 LINCOLN ROAD PH-NE							
			Address				
		Mtz	AMI BEACH, FL 33139				
	City/State and Zip Code						
	BBARBOSA@BARBOSALEGAL.COM  E-muil address: (to be used for future annual report notification)						
For furth	er information co	oncerning this matter, please ca	ıll:				
BRUNA BARBOSA		305 501	4680				
	Name of	Person	Area Code	Daytime Telephone Number			
Enclosed	l is a check for th	e following amount:					
	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &			
	Registra Divisio P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of Clifton Bui	Corporations			

Tallahassee, FL 32301

02/03/16 04:26PM EST Barbosa Legal -> Division of Corporations

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## H160000289013 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



TERESA PEREZ AMERICA TRAVEL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 2, 2016 and assigned Florida document number L16000020934 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TP 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) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

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

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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
N/A	N/A	N/A	□ Add
			□ Remove
			☐ Change
			D Add
			☐ Remove
			Change 37 D
			S Remove it
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			☐ Remove
			Change

02/03/16 04:26PM EST Barbosa Legal -> Division of Corporations 8506176383 Pg 5/5 H160000289013 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A H160000289013 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 FEBRUARY 3rd 2016 /S/ Bruna Barbosa Signature of a member or authorized representative of a member **BRUNA BARBOSA** 

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Typed or printed name of signee

Filing Fee: \$25.00