L16000022651

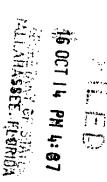
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

ro: Registration Se Division of Cor			
See Us 4 Ti	ravel, LLC.		
Obsect.	Name of Lim	nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	Michael Kevin Mashburn		
		Name of Person	
	See Us 4 Travel, LLC.		
	 	Firm/Company	
	5106 Presidents Circle		
		Address	
	Marianna, Fl. 32446		
		City/State and Zip Code	
	kevin.mashburn@cruisepla E-mail address: (inners.com to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please of	all:	
Kevin Mashburn		334 546-0659	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

See Us 4 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 $\frac{02/02/2016}{1}$ and assigned Florida document number L16000022651 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5106 Presidents Circle Enter new principal offices address, if applicable: Marianna, Fl. 32446 (Principal office address MUST BE A STREET ADDRESS) 5106 Presidents Circle Enter new mailing address, if applicable: Marianna, Fl. 32446 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the maine registered agent and/or the new registered office address here: Michael Kevin Mashburn Name of New Registered Agent: 5106 Presidents Circle New Registered Office Address: Enter Florida street address Marianna Florida 32446

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.

City

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>	Type of Action
MGR	Michael Kevin Mashburn	5106 Presidents Circle	■ Add
		Marianna, Fl. 32446	Remove
			Change
MGR	Mary Parish	4946 NW 91st Terrace	Add
		Sunrise, Fl. 33351	■ Remove
			Change
	-		Add
			□ Remove
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	e specific and cannot be prior to date of filing or mo k does not meet the applicable statutory filing		
ne record specifies a delayed of The 90th day after the recor	effective date, but not an effective ti d is filed.	me, at 12:01 a.m. on the earlie	er of:
September 20	2016		
Dated September 20			
Dated September 20	1		

Page 3 of 3

Filing Fee: \$25.00