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SECRETARY OF STATE
TALLAHASSEE, FI OPIN



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TO:	Registration Sec Division of Corp				
SUBJ	ест: <u>Sav</u>	e Online T Name of Lim	rave L LLC ited Liability Company	And the second s	
The en	nclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
		Richard	A. Di Russo Name of Person		
		SAVE ON	Firm/Company	1	
			g Arthurs Cour		
			Ond Florida 33 City/State and Zip Code		
		Richard Di E-mail address:	RUSSO (A) A MAIL , C to be used for future annual report notific	om cation)	
For fu	rther information co	ncerning this matter, please ca	all:	2016 TALL	
R	Name of	Russo Person	at (6/7) 823 - Area Code Daytime	2016 MAR IL A SECRETA SEE, FL	
Enclos	sed is a check for the	following amount:		OR P	O
□ \$ 2	5.00 Filing Fœ	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

SAVE ONLINE	Travel LLC		
(Name of the Limited Liability Comp (A Florida Limited	Dany as it now appears on our records.) I Liability Company)		
The Articles of Organization for this Limited Liability Compan	by were filed on $\frac{2}{2}$	2016 and assigne	d
Florida document number <u>L 16 0000 357 99</u> .	,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
Point Click N. Trave L The new name must be distinguishable and contain the words "Limited Lial	LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	SAMe		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	5AMR		
		ACE 20	
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he			he new
The state of the s		MAR HASS	
Name of New Registered Agent:	54me		-
	37,4.3.	59	7
New Registered Office Address:	Enter Florida street address	<u> </u>	
	, Flori		
	City	ия 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 **Title** Name **Address Type of Action** SAMY □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove ☐ Change _□ Add □ Remove _ Change

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Effective date, if other than the date of filing:	ing or more than 90 days ofter filing) P	_
Note: If the date inserted in this block does not meet the applicable statuto document's effective date on the Department of State's records.	ory filing requirements, this date wi	ll not be listed as
the record specifies a delayed effective date, but not an effec	rtive time at 12·01 a.m. on	the earlier of
The 90th day after the record is filed.	on-o miley of abive difficult	carner of
Dated		
Melal lill	_	
Signature of a member or authorized repres	entative of a member	
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Filing Fee: \$25.00