

L16000035799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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JUL 22 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Point Click N 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:

James R. Diceglie
Name of Person

Point Click N Travel LLC
Firm/Company

3503 58th Ave N. #28
Address

St. Petersburg, Florida 33714
City/State and Zip Code

JAMES.diceglie@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James R. Diceglie at (727) 783-5790
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Point Click N Travel LLC

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

SECRETARY OF STATE
1114/SS/EF/FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on 2/22/16 and assigned Florida document number L16000035799

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3503 58th Ave N. #28
St. Petersburg, Florida
33714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3503 58th Ave N. #28
St. Petersburg, Florida
33714

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:

Name of New Registered Agent:

James R. Diceglie

New Registered Office Address:

3503 58th Ave. N. # 28

Enter Florida street address

St. Petersburg, Florida 33714

City

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.

James R. Diceglie

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>
AMBR	Di Russo, Richard A.	1560 King Arthurs Court	<input type="checkbox"/> Add
		Lakeland, Florida	<input checked="" type="checkbox"/> Remove
		33810	<input type="checkbox"/> Change
AMBR	Diceglie, James R.	3503 58 th Ave. N. #28	<input checked="" type="checkbox"/> Add
		St. Petersburg, Florida	<input type="checkbox"/> Remove
		33714	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TAMPA, FLORIDA

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

Employer Identification Number (EIN) 81-1540497

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 July 8th . 2016 .

James R. Diceglie

Signature of a member or authorized representative of a member

James R. Diceglie

Typed or printed name of signee

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CLERK OF STATE
TREASURY OF FLORIDA