## 160057323

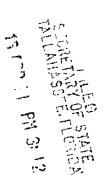
(Re	equestor's Name)	
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APR 13 2016 S. YOUNG

## COVERLETTER

TO: Registration Section
Division of Corporations

infinity subject:	TOURS AND TRAVEL SERV	VICES	
SUBJECT:	Name of Lim	ited Liability Company	,. <u></u> ,
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TUAN VAN TRAN		
		Name of Person	
	INFINITY TOURS AND	TRAVEL SERVICES	
		Firm/Company	
	3030N. ROCKY POINT F	RD. SUITE 150A TAMPA,	<u>ټ</u>
		Address	<del></del>
	FL 33607		
		City/State and Zip Code	
	inbound@infinitytravelus.c		
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
THAO NGUYEN		1714 3168254 at()	
Name	of Person	at () 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Li</u> (A F	<b>ability Compa</b> lorida Limited I	i <b>ny as it now appears (</b> Liability Company)	on our records.		
The Articles of Organization for this Limited Liabili Florida document number L16000057323	ity Company	were filed on MAF	RCH 21, 2016	and assi	gned
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liab	ility company here	<b>:</b>		
The new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the des	ignation "LLC" or the a	bbreviation "L.I	L.C."
Enter new principal offices address, if applicable	:	Lake Nona Center	, 6900 Tavistock Lak	es Blvd.,	
(Principal office address MUST BE A STREET A)		Suite 400, Orlando	ο,		
	<del></del>	Florida, 32827		, <u>~</u>	24
Enter new mailing address, if applicable:		2915 COONTIE A	AVE	3	12 To
(Mailing address MAY BE A POST OFFICE BOX	0	DELTONA		رب	मिन्न ट
	-4	FL 32725		حنہ د)	
B. If amending the registered agent and/or registered agent and/or the new registered office	-		our records, <u>enter</u>	•	of the nev
Name of New Registered Agent:	NORTH	WEST REGISTERE	D AGENT LLC		
New Registered Office Address:	3030 N.	ROCKY POINT D	RIVE, STE 150A		
	TAM		a street address	33607	
	17 114		, Florida	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR TUAN VAN TRAN		363/24/1 QUARTER 7, NHA BE T	Add
		NHA BE DISTRICT	□ Remove
		HO CHI MINH , VIET NAM	☐ Change
AMBR TUAN VAN TRAN	TUAN VAN TRAN	363/24/1 QUARTER 7, NHA BE 1	■ Add
		NHA BE DISTRICT	□ Remove
		HO CHI MINH , VIET NAM	□ Change
AMBR SARAME THACH	257 NAM KY KHOI NGHIA	<u></u>	
		WARD 7, DISTRICT 3	Add Remove
		HO CHI MINH VIET NAM	Change O
AMBT QUOC KHAI MINH LE	62 THANH THAI, WARD 12	12 Add	
		DISTRICT 10	☐ Remove
		HO CHI MINH , VIET NAM	□ Change
		🗀 Add	
		Remove	
		Change	
			☐ Remove
			Change

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. Effective date, if other than th	ne date of filing: (optional)
	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 block does not meet the applicable statutory filing requirements, this date will not be listed as Department of State's records.
the record specifies a delayed) The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlier o ecord is filed.
Dated	APRIL 6,2011  Dun
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00