

1600057323

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(Business Entity Name)

(Document Number)

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APR 13 2016

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFINITY TOURS AND TRAVEL SERVICES

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:

TUAN VAN TRAN

Name of Person

INFINITY TOURS AND TRAVEL SERVICES

Firm/Company

3030N. ROCKY POINT RD. SUITE 150A TAMPA,

Address

FL 33607

City/State and Zip Code

inbound@infinitytravelus.com

E-mail address: (to be used for future annual report notification)

15 JUN 11 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

THAO NGUYEN

1714

3168254

at ()

Name of Person

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**

INFINITY TOURS AND TRAVEL SERVICES

(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 MARCH 21, 2016 and assigned
Florida document number L16000057323.

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)

Lake Nona Center, 6900 Tavistock Lakes Blvd.,

Suite 400, Orlando,

Florida, 32827

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2915 COONTIE AVE

DELTONA

FL 32725

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:

NORTHWEST REGISTERED AGENT LLC

New Registered Office Address:

3030 N. ROCKY POINT DRIVE, STE 150A

Enter Florida street address

TAMPA

Florida

33607

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.



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>
MGR	TUAN VAN TRAN	363/24/1 QUARTER 7, NHA BE 1	<input checked="" type="checkbox"/> Add
		NHA BE DISTRICT	<input type="checkbox"/> Remove
		HO CHI MINH , VIET NAM	<input type="checkbox"/> Change
AMBR	TUAN VAN TRAN	363/24/1 QUARTER 7, NHA BE 1	<input checked="" type="checkbox"/> Add
		NHA BE DISTRICT	<input type="checkbox"/> Remove
		HO CHI MINH , VIET NAM	<input type="checkbox"/> Change
AMBR	SARAME THACH	257 NAM KY KHOI NGHIA	<input checked="" type="checkbox"/> Add
		WARD 7, DISTRICT 3	<input type="checkbox"/> Remove
		HO CHI MINH VIET NAM	<input type="checkbox"/> Change
AMBT	QUOC KHAI MINH LE	62 THANH THAI , WARD 12	<input checked="" type="checkbox"/> Add
		DISTRICT 10	<input type="checkbox"/> Remove
		HO CHI MINH , VIET NAM	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

1510711 P13:

SECRETARY OF STATE
FALL HASSETT, LOU
15 APR 11 PM 3: 2

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 FLORIDA APRIL 6, 2010

Uzun

Signature of a member or authorized representative of a member

TUAN VAN TRAN

Typed or printed name of signee