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COVER LETTER

TO: · Registration Section

Tallahassee, FL 32314

Division of Cor	porations	,		
CHBICT.	Firstelass Emotion	on Tours LLC		
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Giovanni Corignolo			
		Name of Person		
	Firstclass Emotion Tours L	LC		
		Firm/Company		
	4082 Wilmont Place			- P
		Address		HA CE
	Fort Myers, FL 33916			16 DEC -5
	velocitytours@outlook.com	City/State and Zip Code		PH 4:51
	E-mail address: (to be used for future annual report notif	ication)	ب. ب.
For further information o	concerning this matter, please ca	all:		_
	ta Finocchiaro	239 775 19		_
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he 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 Fe Certificate of S Certified Copy (additional copy is	tatus &
Registi Divisio	ING ADDRESS: ration Section on of Corporations fox 6327	STREET/COURI Registration Sectio Division of Corpor Clifton Building	n	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Firstclass Emotio	n Tours LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document numberL16000089456	iability Company	were filed on	05/06/2016	and assigned		
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company her	<u>·e</u> :			
Velocity Tours LLC						
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		N/A, same like b	efore			
(Principal office address MUST BE A STREE	ET ADDRESS)			***		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered				enter the name of the ne		
registered agent and/or the new registered o	ffice address her	<u>e</u> :				
Name of New Registered Agent:	e before					
Velocity Tours LLC The new name must be distinguishable and contain the Enter new principal offices address, if apply Principal office address MUST BE A STREET NEW Mailing address MAY BE A POST OFFICE A STREET NEW Mailing address MAY BE A POST OFFICE A STREET NEW MAILING ADDRESS MAY BE A POST OFFICE A STREET NEW MAILING ADDRESS MAY BE A POST OFFICE A STREET NEW MAILING ADDRESS MAY BE A POST OFFICE ADDRESS MAY BE ADDRESS MAY BE A POST OFFICE ADDRESS MAY BE ADDRESS MA	N/A, same like	before				
		Enter Florie	da street address			
	***		, Florida _			
		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

$\mathbf{AMBR} = \mathbf{A}$	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Add
			Rcmove
			Change
			Add
			Remove
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E ffective dat If an effective d	e, if other than ite is listed, the date	the date of filin must be specific an	d cannot be prior	to date of filing	or more than 90 c	_ (optional) lays after filing.) Pu	arsuant to 605.	.020
Note: If the c	ate inserted in thi fective date on th	s block does not	meet the applic	able statutory	filing requireme	ents, this date wil	l not be liste	d a
document s e	rective date on in	e Department or .	state's records	•				
	pecifies a dela day after the			it an effecti	ve time, at 1	2:01 a.m. on	the earlie	er c
Datad	ı	st December	2016					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00