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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

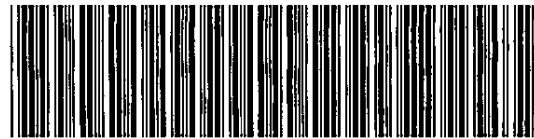
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**S. YOUNG**

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TALLAHASSEE, FLORIDA  
15 DEC -5 PM 4:51

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Firstclass Emotion Tours 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:

Giovanni Corignolo  
Name of Person  
Firstclass Emotion Tours LLC  
Firm/Company  
4082 Wilmont Place  
Address  
Fort Myers, FL 33916  
City/State and Zip Code  
velocitytours@outlook.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Maria Concetta Finocchiaro 239 775 1966  
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

**Firstclass Emotion Tours LLC**

Velocity Tours LLC

N/A , same like before

N/A , same like before

N/A, same like before

N/A, same like before

Enter Florida street address

Florida

Civ'

Zip Code

Page 1 of 3

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA  
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**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.

Dated 1st December, 2016

*[Handwritten signature]*

Giovanni Corignolo

**Filing Fee: \$25.00**