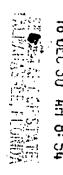


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COVER LETTER

	stration Sect sion of Corp			
	Dani Does Ti	ravel, LLC		
SUBJECT:		Name of Lim	ited Liability Company.	
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		Danielle Spano		
			Name of Person	
		Dani Does Travel, LLC		
			Firm/Company	<u></u>
		4828 NW 72 Ln		
			Address	
		Gainesville, FL 32653		
			City/State and Zip Code	
		danielle.spano@cruiseplanr		
		E-mail address: (to be used for future annual report notif	ication)
For further in	formation cor	ocerning this matter, please ca	all:	
Danielle Spar	no		352 440-3264 at ()	
**************************************	Name of I	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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

any as it now appears on our records.) Liability Company)	,
were filed on 5/11/16	and assigned
oility company here:	
lity Company," the designation "LLC" of	or the abbreviation "L.L.C."
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Gainesville, FL 32653	6 6
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Gainesville, FL 32653	<u>ූ</u> දි ශ
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Sville Flor	
City	Zip Code
	ility company here: lity Company," the designation "LLC" of 4828 NW 72 Ln Gainesville, FL 32653 4828 NW 72 Ln Gainesville, FL 32653 ffice address on our records, e: Enter Florida street address

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>	Address	Type of Action
MGR	Danielle Spano	4828 NW 72 Ln	
		Gainesville, FL 32653	□ Remove
		address change o	** ** **
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n 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 605.020 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a		
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of		
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Page 3 of 3

Filing Fee: \$25.00