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COVER LETTER

TO:		istration Sec sion of Corp			
eud ie		BW Travel	Agency, LLC		
SUBJEC	LI;		Name of Limi	ited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspoi	ndence concerning this matter	to the following:	
			Bermari Rodriguez		
				Name of Person	
			BW Travel Agency, LLC		
				Firm/Company	
			2218 South Chickasaw Tra	nil	
				Address	
			Orlando, FL 32825		
				City/State and Zip Code	
			bermari78@hotmail.com		·
			E-mail address: (1	to be used for future annual report noti	itication)
For furth	her in	formation co	oncerning this matter, please ca	all:	
Bermari	i Rod			407 401-9199 at ()	
		Name of	Person	Area Code Daytim	ne Telephone Number
Enclose	d is a	check for th	e following amount:		
\$25.	.00 F	iling 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)
		Registra Division P.O. Bo	ING ADDRESS: ation Section of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST CLASS VACATION PLANNERS, LLC (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 05/16/2016 and assigned Florida document number L16000095933 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: BW Travel Agency, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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	Rodriguez, William	2218 South Chickasaw Trail	_ a Add
		Orlando, FL 32825	☐ Remove
			Change
			☐ Remove
			Change
			Change
			FLORIDA CO
			Remove
			□ Change
			□ Remove
			□ Change
			Add
			🗆 Remove
			□ Change

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		11/09/2016			<u> </u>	CO CO	
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te: If the date inserted in this blo	ck does not me	et the applicab	le statutory fili	ng requirements	, this date wi	ill not b	e listed
cument's effective date on the Dep	partment of St	ate's records.					
record specifies a delayed The 90th day after the reco	effective da rd is filed	ite, but not	an effective	time, at 12:0	01 a.m. or	the e	earlier
ine sour day arter the reco	ia is ilicu.						
November 9		2016					
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	ignature of a m	ember or authori	zed representativ	e of a member			_
Bermari Rodriguez, MGI							

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