10/7/2016

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address							
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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIVE HAPPY TRAVEL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

1%

### **COVER LETTER**

TO: Registration So Division of Cor	Section Prporations	
GIVE HA	APPY TRAVEL, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	pondence concerning this matter to the following:	
	CHEYENNE MOSELEY	
	Name of Person	
	LEGALZOOM.COM, INC.	
	Firm/Company	
	101 N. BRAND BLVD., 11TH FLOOR	
	Address	
	GLENDALE, CA 91203	
	City/State and Zip Code	
	LLC@turchektech.com  E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
CHEYENNE MOSEI		_
Name o	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F.  Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is	Status &

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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Dability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000105273</u>	were filed on 05/31/2016 and assign	ned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	ility company here:	
TURCHEK TECH. LLC		
The new name must be distinguishable and end with the words "Limited Liab		C."
Enter new principal offices address, if applicable:	<u>ਰ</u>	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>	
	t	4,4
Enter new mailing address, if applicable:		865 865 875
(Mailing address MAY BE A POST OFFICE BOX)		
	6	÷,
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ackbess	
	, Florida	
	City Zip Code	

New Registered Agent's Signature, it 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

-	_		_
To:	Page	5 of	6

MGR = Manager

#### 10/7/2016 7:36:50 AM PDT

3239628300 From: Meghan Smith

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

WINDIX - Z	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			Add
			☐ Remove
			ins
			□ Add
		·	☐ Remove
			Remove
			OT -7
			□ A dd (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
			Remove:
			Add
<del>-1,</del>	***************************************		
			□ Remove

If amending any other information, enter change(s) here: (Attach addit	ional sheets, if necessary.)
	_
Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) Le more than 90 days after
Dated 9/25 , 2016.	
Dated 9/25 , 2016.	_
Signature of a member or authorized representative	e of a member
JORDAN TURCHEK	
Typed by printed number of signer	

Page 3 of 3

Filing Fee: \$25.00