

L16000159979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500291029565

10/18/16--01012--001 **55.00

2016 OCT 18 A 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

OCT 19 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZCA TRAVEL GROUP 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:

SERGE J MASSAT

Name of Person

MASSAT CONSULTING GROUP MIAMI

Firm/Company

350 LINCOLN ROAD, SUITE 3031

Address

MAIMI BEACH, FL 33139

City/State and Zip Code

SJMASSAT@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SERGE J MASSAT

914

441-3109

at ()

Name of Person

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

AZCA TRAVEL GROUP LLC

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>
MGR	VICTOR MONTOYA	350 LINCOLN ROAD,	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SERGE J MASSAT	350 LINCOLN ROAD,	<input type="checkbox"/> Add
		MIAMI BEACH FL 33139	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2015 OCT 18 A 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an 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 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 14, 2016

Signature of a member or authorized representative of a member

SERGE J MASSAT, AMBR

Typed or printed name of signee

FILED
2016 OCT 18 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA