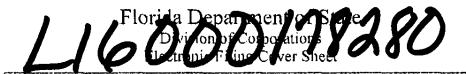
Division of Corporations

10/21/2016 1:31:33 PM PDT

13239628300 From: Amanda Sando Page 1 of 2



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 : (323)962-8600 : (323)962-3889 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NS WORLD TRAVEL SERVICES LLC

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10/21/2016

COVER LETTER

TO:	Registration Sc Division of Corp				
Surj		D TRAVEL SERVICES L	LC:		
SUBJECT: Name of Limited Liability Company					
The en	iclosed Articles of	Amendment and foo(s) are sub-	mitted for filing.		
Please	return all correspo	ndence 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		
		peternyilas73@gmail.com	n to be used for future annual report notif	Econolis Contraction Contracti	
_		•	·	reationy	
For fu	rther information o	oncerning this matter, please ca	all;		
Chey	enne Moseley		800 773-0888 c.	xt. 9724	
	Name o	Person		e Telephone Number	
Englos	sed is a check for th	e following amount:			
□ \$ 2	5.00 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 Tallahassoc, 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

NS WORLD TRAVEL SERVICES LLC					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)			
The Articles of Organization for this Limited Liability Compar	ny were filed on 09/23/2016	a	nd assi	gned	
Florida document number L16000178280					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lie	ability company here:				
The new name must be distinguishable and end with the words "Limited Li	lability Company," the designation "L	LC" or the abbrevi	ation "I	L.C."	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					cbi
		<u> </u>		····	
		NOISIRIO	0	MAPPING 1+	
Enter new mailing address, if applicable:			_믘_	[]	
(Mailing address MAY BE A POST OFFICE BOX)			~_	-	
		G X	XP.	ŢŊ.	
		, di	<u> </u>		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our recorere:	ds, enter the r	uainie o C	f the no	<u>ey</u>
Name of New Registered Agent:					
New Registered Office Address:					
-	Enter Florida street addr	ess			
		iorida	Code		
	City	ZIF.	Coar		

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

Page 1 of 3

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PETER NYLIAS	15931 CITRUS KNOLL DR	Ø Add
		WINTER GARDEN, FL 34787	☐ Remove
			-
			☐ Add ☐ C
			CT 21
			Add 16 Bernove T CT 2 AAdd O:VISION OF CONDITION OF CO
			Add
			□ Remove
			🗖 Remove
			□ Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	.) 		
		ந்	
	7	CT CT	1
		21	
E. 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 be more than 90 days after the date this document is filed by the Florida Department of State)	summano des	AM 8: 30	
Dated 10/21/2016	(S)	_	
Signature of a member or authorized representative of a member			
PETER NYLIAS Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

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