116000178711

(Re	equestor's Name)	
(Ac	idress)	
(Address)		
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number))
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900291078039

10/11/16--01004--015 **25.00



D. SCOTT **0CT** 1 1 2016

COVER LETTER

SUBJECT:	TRAVEL & EVENT	TS LLC	
SUBJECT:			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
Name of Person			
TRAVEL & EVENTS LLC			
Firm/Company			
1830 SW 22 TERRACE			
	Address		
	MIAMI FLORIDA 33145		
	City/State and Zip Code		
		taj@mejaccounting.com	
	E-mail address: (to be used for future annual report notifica	tion)
For further information co	oncerning this matter, please ca	all:	
marta e	jacofsky	305 300-1743	ts =
Name of Person Area Code Daytime Telephone Number		elephone Number	
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certificate Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

TRAVEL & EVENTS 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 $\frac{09/26/2016}{1}$ and assigned Florida document number ______L16000178711 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 name of the new 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. 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	BONINA MARIANA G	1830 SW 22 TERRACE		
		MIAMI FLORIDA 33145	■ Remove	
		1830 SW 22 TERRACE	Change	
MGR	LUCAS GROENDIJK		■ Add	
			□ Remove	
			☐ Change	
			☐ Remove	
			Change	
			Addr:	
			Change Co	
			□ Remove	
			☐ Change	
			Add	
			Remove	
			□ Change	

If amending any ot	her information, enter	change(s) here: (/	Attach additional she	ets, if necessary	·.)	
 -						
				15.1 N-16.2		
	<u> </u>					
		•				
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
				···		נוב
···	,				<u> </u>	
(If an effective date is listen Note: If the date inse	ner than the date of filined, the date must be specific and the does not date on the Department of	nd cannot be prior to da meet the applicable	ite of filing or more than	(optional) 90 days after filing. ements, this date) Pursuant to 608.0	0207 d as
	s a delayed effective ter the record is filed		n effective time, a	t 12:01 a.m. (on the earlie	r of
Dated	C.). 2016 20066				
, 		a member or authorized	d representative of a mer	nber		
		Typed or printed na		.,		

Page 3 of 3

Filing Fee: \$25.00