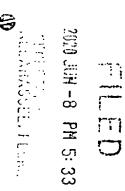
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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Office Use Only



COVER LETTER

TO:

Registration Section
Division of Corporations

Mailing Address:

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT: LUXURY AND ADVENTURE TRAVEL CONSULTANT
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:
JOANNE M. OYEN
-this coa on a ats
NAME TUBES LUXUM AND ADVENTURE MANE! MODIFIED ASNOTED ON 1720 NW 106 TERRACE YNOW FOLLOWING
MODIFIED Firm/Company (C 55) 11 0 w 26) 11 (
Following 1720 NW 106th TERRACE INOW
tollowing tradition produce stoom
TAGE Address
Penbroke Pines, Fl 33026
City/State and Zip Code
DANNE WILLIAMS ADVENTURE FUTURI.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Journe M. Oyen at (954), 435.8748
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
(additional copy is enclosed)

Street Address:

Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

LUXURY AND	MADY	enture	TRANS R	that lozeneth
(<u>Name of the Limited</u> (λ	Liability Comp	pany as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number	oility Compan	y were filed on	8 17 120	And assigned
This amendment is submitted to amend the follow A. If amending name, enter the new name of the		bility company hero	**	,
The new name must be distinguishable and contain the work	Drei	vioretr	Avel AD	ITSORS LL (
Enter new principal offices address, if applicab	SPM6	2 ATDORRS		· · · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET.	ADDRESS)			4 CON 4
		1 24 600	lle Pines,	F1 5.502
Enter new mailing address, if applicable:				·
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our rec	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	NO	Chang	٧	
New Registered Office Address:		Enter Florid	a street address	
		ERIEF E IOFIA	i sirver auaress	
		City	, Florida	Zip Code

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 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>	4	Address	Type of Action
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		-		□Remove
		-		□Change
	NO	Char	N 85	□Remove
		-	<u> </u>	□Change
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an effective o ote: If the	ate, if other than the date is listed, the date must date inserted in this bloceffective date on the Dep	be specific and cannot be pek does not meet the ap	plicable statutory fil	more than 90 days after	ional) σ filing.) Pursuant to 605.020 is date will not be listed a
ecord spec is filed.	ifies a delayed effective	date, but not an effectiv	ve time, at 12:01 a.m	. on the earlier of: (b	b) The 90th day after th
ited	wet_	<u> 20</u>	30		
_	Da s	NNC M	uthorized representation	A of a member	
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