

L16000218735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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17 APR 21 AM 2:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

CARLOS E SARDI, ESQ
SARDI LAW, PLLC
225 ALCAZAR AVENUE
CORAL GABLES, FL 33134

SUBJECT: TOUR X, LLC
Ref. Number: L16000218735

We have received your document for TOUR X, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LOYALTY INVESTMENTS, INC. - P05000111734

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 717A00007870

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CEIV
2017 MAY -8 PM 4:42
PART OF
ASSESSMENT



May 4, 2017

Florida Department of State
Attn: Amendment Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Tour X, LLC
Doc. No. L16000218735

Dear Sir or Madam:

Enclosed please find the corrected Articles of Amendment for the above-referenced entity for filing pursuant to the enclosed letter received from your office.

If you have any questions, or need additional information, please call or write to the undersigned at the below referenced telephone number or address.

Sincerely,

Carlos E. Sardi

Encls.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TOUR X, 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:

Carlos E. Sardi, Esq.

Name of Person

SARDI LAW, PLLC

Firm/Company

225 Alcazar Avenue

Address

Coral Gables, FL 33134

City/State and Zip Code

carlos@sardilaw.com

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

For further information concerning this matter, please call:

Carlos E. Sardi, Esq.

at 305 697-8690
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TOUR X, 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 December 12, 2016 and assigned
Florida document number L16000218735.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LOYALTY INVESTMENTS (USA), LLC

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** _____
City 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 Changing Registered Agent, Signature of New Registered Agent

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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TALLAHASSEE, FLORIDA
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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 04/17/17

Signature of a member or authorized representative of a member

LUIS A. LONDONO, MANAGER

Typed or printed name of signee