

L16000228156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

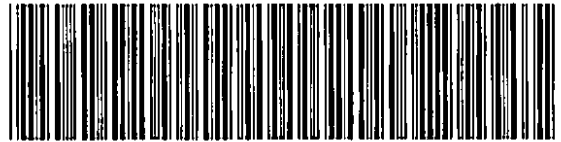
(Business Entity Name)

(Document Number)

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2018 SEP -4 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN

SEP 10 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2018

ELLIOTT LEVY
14600 GRANDE POINT CIRCLE #13204
ORLANDO, FL 32821 US

SUBJECT: CLUB TRAVOOGLE, LLC.
Ref. Number: L16000228156

We have received your document for CLUB TRAVOOGLE, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 518A00012196

RECEIVED

2018 JUN 25 PM 2:03

CLUB TRAVOOGLE, LLC
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

undeliverable by PO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Club TRAVOogle, LLC
Name of Limited Liability Company

NO \$ L:
L: 6/28

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elliott LEVY
Name of Person

Club TRAVOogle, LLC
Firm/Company

5038 W. Talo Bronson Hwy
Address

KISSIMMEE, FL 34746
City/State and Zip Code

elliott.levy147809mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elliott Levy at (305) 613-5700
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

TO
ARTICLES OF ORGANIZATION
OF

Club TRAVOGLE, 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 12/19/2016 and assigned

Florida document number L16000228156

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)

5038 W. Trlo Bronson Hwy
KISSIMMEE, FL 34746

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5038 W. Trlo Bronson Hl
KISSIMMEE, FL 34746

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

or removed from our records:

MGR = Manager

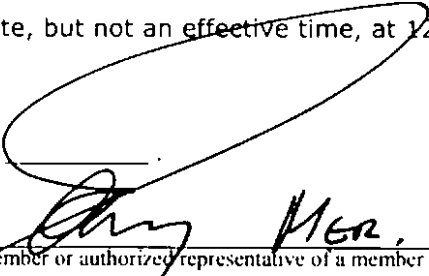
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR.	Cory STEGMAN	751 Kingspoint Hwy Orl, FL 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.	BUN WONG	5038 W. Tolo Bensen Hwy Kiss, FL 34746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Lined area for text entry.

E. Effective date, if other than the date of filing: 8/30/2018 (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 8/30/2018 . 

Signature of a member or authorized representative of a member
Elliott Levy

Typed or printed name of signee

2018 SEP -4 AM 9:08
SECRETARY OF STATE
AT ANASTASIS 11 0340

FILED