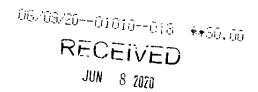
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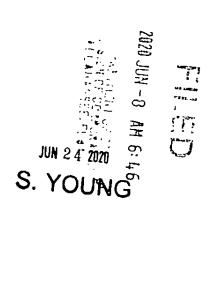
(Requestor's Name)
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COVER LETTER

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TO:

TO: Registra Division		ction porations					
SUBJECT:	UR POII	NTS TRAVEL LLC					
SOBJECT:		Name of Lim	nited Liability Co	mpan	y		
The enclosed Art	icles of a	Amendment and fee(s) are sub	omitted for filing	Ł.			
		ndence concerning this matter	•	•			
		PENNY L RUSHING					
			Name of I	erso:	n		
		FOUR POINTS TRAVEL	LLC				
			Firm/Con	npany	,		
		15330 HAYWORTH DRI	VE				
			Addre	SS			
		WINTER GARDEN, FL. 1	34787				
			City/State and	Zip (Code		
		OLDSKIGUY@MSN.COM					
For further inform	nation co	E-mail address: (encerning this matter, please co		ure ar	muai report notii	iication)	
PENNY L RUSH	IING		407 at (848-8482		
	Name of	Person	Агеа	Code	Daytime	Telepho	one Number
Enclosed is a chec	ck for the	e following amount:					
□ \$25.00 Filing	Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional	Cop			\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u> Registra		•			et Address: distration Sec	tion	
Divisio P.O. Bo		orporations		Div	ision of Con	ooratio	
		L 32314			Centre of T 5 N. Monroe		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8

FOUR POINTS TRAVEL LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
		and assigned
Florida document number L17000004049		
This amendment is submitted to amend the following	ng:	.
The Articles of Organization for this Limited Liability Company were filed on JANUARY 05, 2017 and assigned florida document number L17000004049 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)		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u>-</u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the rere:</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
-	, Florida	Zin 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>	Address	Type of Action
AMBR	MICHAEL A RUSHING	15330 HAYWORTH DR	□Add
		WINTER GARDEN, FL 34787	≣Remove
			□Change
		-	□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
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			□Remove
			□Change
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			□Remove
			□Change
			□Add
			Remove
			□Change

Page 2 of 3

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Effective date, if other than the date of filing: (aptional) 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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The poth day after the record is filed. Dated JUNE 4 2020 Signature of a member of authorized representative of a member	-	The state of the s
Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
Effective date, if other than the date of filing: [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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated JUNE 4 2020		
Effective date, if other than the date of filing:	-	
Effective date, if other than the date of filing:	-	
Effective date, if other than the date of filing:	-	
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Daniel State of the state of th	Dated	JUNE 4 2020
Signature of a member or authorized representative of a member		\bigcirc
organisate of a member of a medical expressionance of a member		Signature of a member or authorized representative of a member
		E.g C. I member of addition of representative of a fixture
		Typed or printed name of signee

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