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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Star Key Name of Limi	MEST TOURS, L	LC_
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Domer	Name of Person	
	5 Star Ke	By West Tours, Firm/Company	LLC
	2136 NE	38th Rd Address	
	Homester	City/State and Zip Code	
	Jomenico. E-mail address: (1	SCAVO @ amail. (1) to be used for future annual report notification	com
For further information con	cerning this matter, please ca	ill:	·
Domenico Name of F	SCANO Person	at (786) 810 - 7 Area Code Daytime Tel	711 Jephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		□ \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ 5 Star Key Wes	5	
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L1700037346</u> . This amendment is submitted to amend the following:	were filed on <u>0'2/16/20</u>	7 and assigned
A. If amending name, enter the new name of the limited liabi	lity company here:	
5 Star Local Tours Minmi.	LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		7
		one N
B. If amending the registered agent and/or registered of		er the name of the new
registered agent and/or the new registered office address here	i	
		五次 🕳
Name of New Registered Agent:		<u>ာ</u> ကို
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>	Address	Type of Action
AP	Victor Abad	13375 SW 57 Terrace	
		Miami, FL 33183	Remove
			Change
94	LuisRMansilla	7125 Bonita Dr	🗆 Add
		Miami Beach, FL 3314	☑ Remove
			Change
AP	Robert Cvetkovski	85500 Overseas Hwy	Add
		Islamorada, FL 33036	Remove
		ୁର୍ମ କମ 	□ Change
AMBR	Josepina Marles	Av. José Maria Vargas	A Žad
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		Sector La Alameda	□ Change
		Edificio Alameta Plaza:	Add Add
		PHB1, Caracas, Venezuela	🗆 Remove
		Venezuela	Change
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			Change

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fective date, if other than the neffective date is listed, the date mate: If the date inserted in this becament's effective date on the limited.	olock does no	and cambot be pro	cable statutory f	n more man 70 days	optional) after filing.) Pur s, this date will	suant to 605.020 not be listed a
record specifies a delaye The 90th day after the re			ot an effectiv	e time, at 12:	01 a.m. on t	the earlier (
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Filing Fee: \$25.00