

9/21/2017

From Account Bookkeeping 13210084914 Thu Sep 21 15:21:06 2017 EDT Page 1 of 5
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : I20120000055
Phone : (407)898-1757
Fax Number : (407)897-5336

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

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2017 SEP 21 PM 5:24
SEC. OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CELEBRATE TOURS LLC

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SEP 22 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CELEBRATE TOURS 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:

MARIANA SOUZA
Name of Person
ACCOUNT BOOKKEEPING CORP
Firm/Company
5301 CONROY RD STE 140
Address
ORLANDO, FL 32811
City/State and Zip Code
CUSTOMER@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIANA SOUZA
Name of Person
407 898-1757
at () 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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FILED
17 SEP 21 AM 8:49
TALLAHASSEE, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CELEBRATE TOURS 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 02/22/2017 and assigned
Florida document number L17000042150.

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:

4700 MILLENIA BLVD STE 175

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32839

Enter new mailing address, if applicable:

4700 MILLENIA BLVD STE 175

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32839

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:

ELID, ALEXANDRE

New Registered Office Address:

4700 MILLENIA BLVD STE 175

Enter Florida street address

ORLANDO

Florida

32839

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

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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>
MGR	ELID, ALEXANDRE	4700 MILLENIA BLVD STE 175	<input type="checkbox"/> Add
		ORLANDO, FL 32839	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SEP 21 AM 8:40
MILLER, FLORIDA

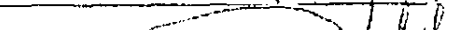
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Dated SEPTEMBER 15 2017


Signature of a member or authorized representative of a member

ALEXANDRE A. DE SOUZA LOPES ELID
Typed or printed name of signee