LM00043240

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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DATE:

10/30/18

NAME:

TRAVEL4LESS INTERNATIONAL TOURS, LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

,

Registration Section Division of Corporations

TO:

| Travel4Less SUBJECT: | s International Tours, LLC | |
|-----------------------------|--|------------------|
| | Name of Limited Liability Company | |
| | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: | |
| Touse retain an correspon | idence concerning this matter to the following: | |
| | Stefanie L. Pate, Esquire | |
| | Name of Person | |
| | LEECH TISHMAN | |
| | Firm/Company | |
| | 525 William Penn Place, 28th Floor | ra: |
| | Address | -17 |
| | Pittsburgh, PA 15219 | August August |
| | City/State and Zip Code | 771 |
| | spate@leechtishman.com | |
| | E-mail address: (to be used for future annual report notification) | A) |
| For further information co | ncerning this matter, please call: | <u>.</u>) |
| Stefanie L. Pate, Esquire | 412 261-1600 at () | |
| Name of | Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the | e following amount: | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C | of Status & |
| | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

| Travel4Less International Tours, LLC | | |
|--|---|--------------------------------|
| (Name of the Limited Liability Co (A Florida Lim | ompany as it now appears on our recordited Liability Company) | <u>4.)</u> |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 2/23/2017 | and assigned |
| Florida document number L17000043240 | | |
| his amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| he new name must be distinguishable and contain the words "Limited l | 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 | S) | , |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | ر ، |
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| If amending the registered agent and/or registere egistered agent and/or the new registered office address | d office address on our records <u>here</u> : | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | s |
| | | orida |
| | 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

an 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

| Title | Name | Address | Type of Action |
|-------------|------------------------|-----------------------------------|-----------------|
| MGR/AN | Patricia Redick Romano | 8470 Enterprise Circle, Suite 100 | |
| | | Lakewood Ranch, FL 34202 | ≅ Remove |
| | | | Change |
| MGR/AM | Sergio Mortera | 8470 Enterprise Circle, Suite 100 | ■ Add |
| | | Lakewood Ranch, FL 34202 | Remove |
| | | | П Change |
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| ective date, if other than the d | October 1, 2018 | (option | naD Çī | |
| effective date is listed, the date must be: If the date inserted in this bloc ument's effective date on the Dep | e specific and cannot be prior to date of f k does not meet the applicable statut artment of State's records. | iling or more than 90 days after fi ory filing requirements, this o | ling.) Pursuage to 605.0 late will not be listed |)201 1 as |
| record specifies a delayed on the specifies and record the specifies and second | effective date, but not an effe d is filed. | ective time, at 12:01 a.i | m. on the earlier | ro |
| ed August 30 | 2018 | | | |
| fan f | edul Rman: ghature of a member or authorized repre | esentative of a member | | |
| Patricia Redick Romano | P | | | |

Page 3 of 3

Filing Fee: \$25.00