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(Re	questor's Name)	. <u>. </u>
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

THAR II. AND

COVER LETTER

Division of Co	rporations		
The ARK SUBJECT:	Travel LLC		
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Racquel T James		
		Name of Person	
	The ARK Travel LLC		
Firm/Company			
	13651 SW 260th Lane		
		Address	
	Homestead, FL 33032		
		City/State and Zip Code	
	arktravelbiz@gmail.com	1.000	
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Racquel T James		305 610-9478 at () Daytime	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

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

The ARK Travel LLC	•		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on February 24th 2017	and assigned	
Florida document number L17000044134			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	13651 SW 260th Lane		
(Principal office address MUST BE A STREET ADDRESS) Homestead, FL 33032			
Enter new mailing address, if applicable:	13651 SW 260th Lane	 	
Mailing address MAY BE A POST OFFICE BOX)	Homestead, FL 33032		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	e: AHASSE	the name of the	
	City	7:51 ode	

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
MGR	Racquel T James	13651 SW 260th Lane,	Add
		Homestead, FL 33032	Remove
	•		☐ Change
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•			□ Remove
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ffective date, if other tha an effective date is listed, the da	te must be specific and cannot be pr	rior to date of filing or more	(optional than 90 days after filing	ng.) Pursu	ant to 605.02
	his block does not meet the app the Department of State's recor		equirements, this da	te will no	ot be listed
e record specifies a del The 90th day after the	ayed effective date, but record is filed.	not an effective tim	ne, at 12:01 a.m	ı. on th	e earlier
March 1st	2018				
	$E \mid \mathcal{D} \mid \mathcal{E}$	2)1 Le			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00