

L170000 45744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

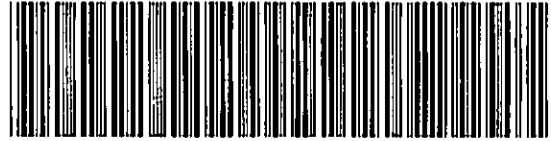
(Business Entity Name)

(Document Number)

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SEP 22 2020

S. YOUNG

RECEIVED
OFFICE OF CORPORATIONS
ALLAHBADER, FL 08097

2020 AUG -3 AM 7:10

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

CARIBS TRAVEL GROUP 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:

PAULINE SAINT JEAN
Name of Person
CARIBS TRAVEL GROUP LLC
Firm/Company
7860 W. COMMERCIAL BLVD #729
Address
LAUDERHILL, FL 33351
City/State and Zip Code
INFO@CARIBSTRAVEL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULINE SAINT JEAN at 954 251-0904
Name of Person 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION
OF
CARIBS TRAVEL group LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Address</u>	<u>Type of Action</u>
COO	ABDON SALOMON	7860 W. Commercial Blvd #79 Lauderhill FL 33351	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DANIEL MADERO	7860 W. Commercial Blvd #79 Lauderhill FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

F. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

July 29, 2020

Signature of a member or authorized representative of a member

Pauline Saint Louis
Type or printed name of signer

Type or printed name of signer

Filing Fee: \$25.00