L17000065318

- ((Requestor's Name)	
(Address)	
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	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	(Document Number)	
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· COVER LETTER ,

CUBICCT.		AVEL OF FLORIDA LLC						
SUBJECT:		Name of Limi	ted Liability Company					
The enclosed	Articles of	Amendment and fee(s) are subt	nitted for filing.					
Please return	all correspon	ndence concerning this matter	to the following:					
		MARCUS ISRAEL						
			Name of Person					
		ELITE TRAVEL OF FLOI	RIDA LLC					
		Firm/Company						
		4007 EAGLE LANDING PARKWAY						
		Address						
†		ORANGE PARK, FL 320	065					
•			City/State and Zip Code					
TNTRLT1@BELLSOUTH.NET								
		E-mail address: (t	o be used for future annual report notific	ation)				
For further in	formation co	oncerning this matter, please ca	all:					
MARCUS IS	SRAEL		904 333-4045 at ()					
	Name of	Person	Area Code Daytime	l'elephone Number				
Enclosed is a	check for th	e following amount:						
\$25.00 F	iling 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:

TO:

Registration Section Division of Corporations

> 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

ELITE TRAVEL OF FLORIDA LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on MARCH 22, 2017	and assigned
Florida document number L17000065318		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered egistered agent and/or the new registered office address be		the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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
AMBR	APRIL ISRAEL	4007 EAGLE LANDING PARKW	
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			☐ Change
			Add
			□ Remove
			□ Change
			7 Ago
			□ Remove
			Remove
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Page 3 of 3

Filing Fee: \$25.00