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21 JUN 21 PH 3: 5

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
CTG L'AL	JANXA TRAVEL GROUP LL	.c			
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	MARIO E GARCIA				
	_	Name of Person	· <u>·</u>		
	GARCIA & NUNEZ CON	SULTING GROUP LLC			
		Firm/Company			
	5779 NW 116th AV UNIT	`101			
		Address			
	DORAL. FL. 33178				
	City/State and Zip Code				
	mario.garcia@garcianunez.				
	E-mail address: (to be used for future annual report no	stification)		
For further information	concerning this matter, please e	all:			
MARIO E GARCIA		305 5040845 at ()			
Name	of Person	at () Area Code Daytii	me Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre Registration Division of O P.O. Box 63: Tallahassec,	Section Corporations 27	Street Address: Registration S Division of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassec oc Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 JUN 21 PM 3: 51

CTG L'ALIANXA TRAVEL GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	Liability Company were filed on $\frac{04/06/20}{1}$	ol7 and assigned
lorida document number L17000077283	 -	
his amendment is submitted to amend the fo	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
he new name must be distinguishable and contain th	e words "Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
Principal office address MUST-BE A-STRI	<u>EET-ADDRESS)</u> <u>-</u>	
Mailing address MAY BE A POST OFFIC B. If amending the registered agent and/ogent and/or the new registered office add	r registered office address on our record	is, enter the name of the new regi
	GARCIA & NUNEZ CONSULTING C	GROUP ELC
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	5779 NW 116th AVE UNIT 101	
	5779 NW 116th AVE UNIT 101 Enter Florida st.	rect address, Florida 33178

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.

Vianto Garcia (CASOLA & NUNEZ CONSULTING GROUP

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:

· . . .

<u>Title</u>	Name	21 JUN 21 PH 3:51	Type of Action
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TO THE CONTRACTOR AND A SECOND	04/29/2	021	4 41 B
	er than the date of filing:	prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0207
Note: If the date inser	rted in this block does not meet the ap	plicable statutory filing requi	rements, this date will not be listed as
document s effective of	iate on the Department of State's reco	ords.	
	ayed effective date, but not an effecti	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
record is filed.			
	Λ 2021		
Dated			
	h. 12	$\mathcal{L}(\mathcal{L}_{0}, \mathcal{L}_{0})$	
	my	A hour	
	Signature of a member or	authorized representative of a me	
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Filing Fee: \$25.00