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## **COVER LETTER**

	Registration Section Division of Corporations
SUBJEC	r: Cruise Planners Access Global Travel L
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Megan Brian Name of Person  Access Global Travel Firm/Company
	9563 Wickham Way  Address  Orlando FL 32836.  City/State and Zip Code  City/State and Zip Code
	Megan, brian @ Cruise Donners. Com Emiliaddress: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Megan Brian at 467 453.0699  Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$25.00	O Filing Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Bound Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \$\Bigcup \\$60.00 \text{ 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cruise Planners Access Global Travel LLC.

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

(A Florida Limited Liability Company)

Florida document number	Company were filed on	10/17 and assigned
Florida document number	عد	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
Access G		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designatio	* . *
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	53
Trincipal Office address MOST BE TISTREET TIDER		The state of the s
		<u>Cir</u>
Enter new mailing address, if applicable:		1,
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		ecords, enter the name of the new
	ress here.	
registered agent and/or the new registered office and		
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street	address
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida street City	

If Changing Registered Agent, Signature of New Registered Agent

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 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					
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