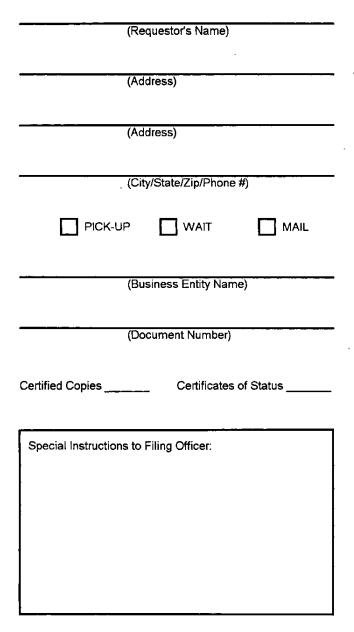
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Office Use Only



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D. SCOTT MAY 1 0 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ELite Travel Multiservices LLC Name of Foreign Limited Liability Company
Dear Sir or Madam:
The enclosed application, certificate and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cary Esther Ruiz Name of Person
ELite Travel Multiservices LC Firm/Company
3955 Davie Blud Address
Fort Lauderdale FL 33312 City/State and Zip Code
blue bee travel. Vacation @ 9 mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cary Ruiz at (954) 371-4947 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

CR2E055 (9/15)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELite Travel Multiservices LLC

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

(In clorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 17, 2017 and assigned Florida document number 17,00084845

This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Blue Bee Travel UC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2005
(Principal office address MUST BE A STREET ADDRESS)	3955 Davie Blud.
	tort Lauderdale IL SSSIX
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Same
indiang address may be ATOST OFFICE BOX	
5. If anyone, or registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
registered light integer the new registered write address new	
Name of New Registered Agent: Cary	Esther Ruiz = 7 F
New Registered Office Address: 3955	Douge RIVA
new registered Office Address.	Enter Florida street address
Fort !	ande dala - ma sosson
Now Desirtural Augusta Signature if shanging Desistand Agents	City 24 Company

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 second to the proper and complete performance of my duties, and I am familiar with em.! 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

Page 1 of 3

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>	Name	Address	Type of Action
Preside	ent Cary E. Ruiz		🗖 Add
	Ü		
			Change
			🗖 Add
			□ Remove
			Change
			
			□ Remove
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			Premov &
			Change
			Add
			Remove

. If ameno	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: If	we date, if other than the date of filing:	sted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	lier of:
Dated _	05-09-2017,	
	Signific of a member or authorized representative of a member	
	Cary Esther Ruiz Typed or printed name of signes	

Page 3 of $\hat{3}$

Filing Fee: \$25.00