L17000088125

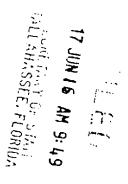
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COVER LETTER

TO: Registration Se Division of Cor			
	X INTERNATIONAL LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all correspo	ndence concerning this matter	to the following:	
	Majdi TAHERI	ţ	•
		Name of Person	
	TRAVELUX INTERNAT	IONAL LLC	•
		Firm/Company	
	7380 W SANDLAKE RD	SUITE 500	
		Address	
	Orlando, FL 32819		
		City/State and Zip Code	
	travelux.international@gma		
	E-mail address: (to be used for future annual report noti	lication)
For further information c	oncerning this matter, please ca	all:	
Majdi TAHERI		407 438 4444	
Name e	of Person	at () Area Code Daytim	e l'elephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filling 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

T'R	AN	/FI	HX	'IN'	CERN	ATT	ONA	[1	10

(Name of the Lim	ited Liability Company (A Florida Limited Lia	cas it now appears on our ability Company)	records.)		
The Articles of Organization for this Limited I Florida document number L17000088125		vere filed on <u>04/20/2017</u>	-		and assigned
This amendment is submitted to amend the fol					
A. If amending name, enter the new name	of the limited liabili	ty company here:		`	•
The new name must be distinguishable and contain the	words "Limited Liability	v Company," the designatio	n "LLC" or th	ie abbrevi	ation "L L.C."
Enter new principal offices address, if appli	cable:	7380 W SANDLAKE R	D SUITE S	00	
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)			SSE WHY THE	17 JUN 16	
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our re	ecords, <u>en</u>	E. P. ORIO;	name of the
Name of New Registered Agent:	Majdi TAHERI				
New Registered Office Address:	7380 W SANDL	AKE RD SUITE 500			
		Enter Florida street	adáress		
	Orlando		Florida	32819	
		City		ž,t	p Code

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

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>	<u>Name</u>	Address	Type of Action
MGR	Majdi TAHERI	7380 W SANDLAKE RD SUITE 5	
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AMBR	BAIG, HASAN A, CPA	:	□ Add
		•	B Remove
			D Change
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			□ Change
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Note: If	e date, if other than tive date is listed, the date is listed the date inserted in this it's effective date on the	block does no	ot meet the app	licable statutor	ng or more than 9 ry filing require:	(option 0 days after fil ments, this d	ling.) Pursi	uant to 60 iot be li:	05.02 sted
If the record (b) The 9	rd specifies a dela Oth day after the i	yed effective ecord is file	e date, but i ed.	not an effec	tive time, at	12:01 a.u	m. on th	he earl	lier
Dated	une07th		2017	T. 1/1	8				
			1-	1955 icon 6	700				
		Signature o	of a member or/a	nerized repres	entative of a mem	ber		*	

Page 3 of 3

Filing Fee: \$25.00