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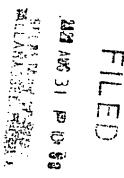
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COVER LETTER

VIP Florid	a Travel. LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		-	
	Michael Verbitskiy		
		Name of Person	
	VIP Florida Travel, LLC		
	Name of Person VIP Florida Travel, LLC Firm/Company 51 Kingsbridge Ave Address Staten Island, NY 10314 City/State and Zip Code michael@usprintingcompany.com E-mail address: (to be used for future annual report notification) Iformation concerning this matter, please call: 1917 803-0448 at (
	51 Kingsbridge Ave		
		Address	11411
	Staten Island, NY 10314		
	#12	Name of Person Name of Person	
		•	
		•	fication)
For further information of	concerning this matter, please c	all:	
Michael			
Name (of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres			
_			
P.O. Box 632	•		•
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	any as it now annears on our rec	ords)
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	<u>vi u i. j</u>
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L^{17000117069}}{L^{17000117069}}$.	were filed on 05/26/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		STATE OF
Principal office address MUST BE A STREET ADDRESS)		
		200
Enter new mailing address, if applicable:	51 Kingsbridge Ave	
Mailing address MAY BE A POST OFFICE BOX)	Staten Island, NY 10314	
B. If amending the registered agent and/or registered office	address on our records, ent	ter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street add	dress
	City .	Florida Zin 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 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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ffective date, if other that an effective date is listed, the date: If the date inserted in occument's effective date on	his block does not	t meet the applic	able statutory fili	(op nore than 90 days at ng requirements, t	tional) ter filing.) Pursuant to his date will not be	o 605.0207 : listed as
record specifies a delayed e is filed.	fective date, but n	ot an effective ti	me, at 12:01 a.m	on the earlier of:	(b) The 90th day	after the
August 20		2020				
	Ver	lu Isla	 /			
	Signature of	a mambar ar and	orized representativ	u of a mumber		_
	Signature of	a memoer of autom	mized representativ	e or a memoer		

Filing Fee: \$25.00