

L17000138263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

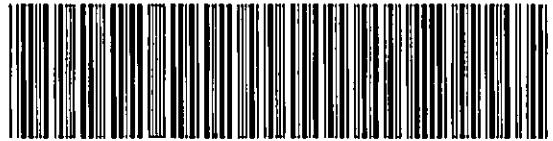
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 17 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRAVEL IN BOX - ORDERS E SERVICES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CRISTINA IBEN

Name of Person

CNA BOOKEEPING SERVICES LLC

Firm/Company

1108 KANE CONCOURSE STE 205-B

Address

BAY HARBOR ISLANDS, FL 33154

City/State and Zip Code

CNABOOKKEEPER@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRISTINA IBEN

305 866-7740

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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**

TRAVEL IN BOX - ORDERS E SERVICES, LLC

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

FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
17 NOV 17 AM 10:15

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L17000138263

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1108 KANE CONCOURSE STE 205-B

(Principal office address MUST BE A STREET ADDRESS)

BAY HARBOR ISLANDS, FL 33154

Enter new mailing address, if applicable:

SAME AS PRINCIPAL ADDRESS

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CRISTINA IBEN

New Registered Office Address:

1108 KANE CONCOURSE STE 205-B

Enter Florida street address

BAY HARBOR ISLANDS


Florida 33154

City

Zip 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 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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	NCP DOS SANTOS USI. CAL. E I	R JOAO PEDRO SOBRINHO 130	<input type="checkbox"/> Add
		CARAPEBUS, RJ	<input checked="" type="checkbox"/> Remove
		BRAZIL - ZIP: 27998-000	<input type="checkbox"/> Change
AMBR	EGS - ENGINEERING TECNOLC	R: SAO LUIZ, 45 STE 03	<input checked="" type="checkbox"/> Add
		RIVIERA FLUMINENSE / RJ	<input type="checkbox"/> Remove
		BRAZIL - ZIP: 27.935.130	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AMBR TO BE ADD: EGS - ENGINEERING TECNOLOGIES AND SURVEY SERVICES

AMBR TO BE REMOVED: NCP DOS SANTOS USI CAL. E MEC. IRELI ME

17 NOV 17 AM 11:15

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301

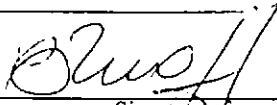
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated OCTOBER 23RD 2017



Signature of a member or authorized representative of a member

ELEC GONCALVES JR.

Typed or printed name of signer