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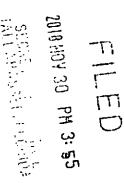
(Requestor's Name)
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Amend/Namu Chs

DEC 0 5 2018

LALDDITTON

COVER LETTER

	ration Section on of Corporations						
	avel Deal Experts, LLC						
SUBJECT:Name of Limited Liability Company							
The enclosed Art	rticles of Amendment and fee(s) are submitted for filing.						
Please return all o	correspondence concerning this matter to the following:						
	Sheila Folk						
	Name of Person						
	Beyond Travel, LLC						
	Firm/Company						
	3892 Emerald Estates Circle						
	Address						
	Apopka, FL 32703						
	City/State and Zip Code sheilacfolk@gmail.com						
	E-mail address: (to be used for future annual report notification)						
For further inform	rmation concerning this matter, please call:						
Sheila Folk	407 421-0333 at ()						
	Name of Person Area Code Daytime Telephone Number						
Enclosed is a che	neck for the following amount:						
□ \$25.00 Filing	ng Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &					

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

traver Dear Experts, LLA.			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited L. Florida document number 1.17000154079	iability Company		1252 104
his amendment is submitted to amend the follow. If amending name, enter the new name of	C	ility company here;	
Beyond Travel, LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applic	able:	3892 Emerald Estates C	ircle
Principal office address MUST BE A STREE		Apopka, F1. 32703	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		3892 Emerald Estates C Apopka, FL 32703	irele
s. If amending the registered agent and/egistered agent and/or the new registered of Name of New Registered Agent:	•		ecords, enter the name of the
New Registered Office Address:	3892 Emerald F	Estates Circle	
New Registered Office Address.		Enter Florida stree	1 address
	Apopka		, Florida <u>32703</u>
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sheila Folk	3892 Emerald Estates Circle, Apopka, FL 32703	
			☐ Remove
			= Change
MGR	Joyce Howland	3892 Emerald Estates Circle, Apopka, FL 32703	■ Add
			□ Remove
			Change
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Remove
			□ Change
		4 <u>84.1</u>	Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
•	
,	
(If an ef Note:	ive date, if other than the date of filing: (optional) lective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/28 . 18
	5/10-
	Signature of a member or authorized representative of a member
	Sheila Folk

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00