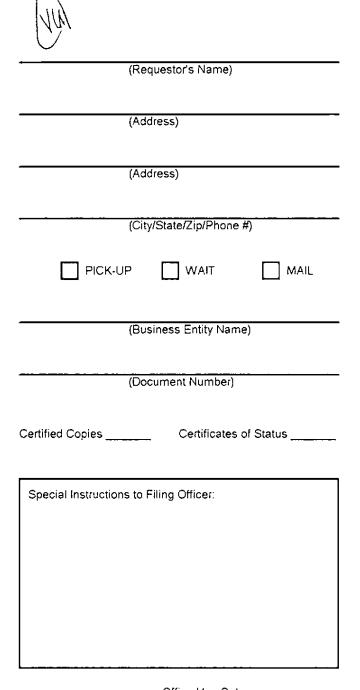
## L17000156770







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## **COVER LETTER**

TO:	Registration Division of C					
SUBJE	ECT: <b>&gt;</b> 6	REAM VAC	ATIONS, HAI	RWARTHER, TH	ALER + A	SOCIATES LLC
The en	closed Articles	of Amendmen	t and fee(s) are sub	mitted for filing.		
				·		
			ROBE	RT W ERB,	ESQ.	
		Address:  Certificate of Status  Certificate of Status  Address:  Address:  Address:  Address:  Address:  Address:  Certificate of Status  Address:  Certificate of Status  Address:  Addr				
			ERB	LAW FIRM	PLLC	
				Firm/Company		
		7	AL PLANDO	WE ROAD		
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			است در مرهد درا در درا د		22	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		-	MANITASSE			<del></del>
			D. J. C. D. A. S.			
						<u>n)</u>
For fur	ther informatio	n concerning th	nis matter, please c	all:		
<del></del>	RUBERT	ERB, E	5 <i>q</i>	at (217_)_	556 071	1
	Nan	ne of Person		Area Code	Daytime Tele	phone Number
Enclos	ed is a check fo	or the following	gamount:			
<b>X</b> \$2	5.00 Filing Fee			Certified Copy		Certificate of Status & Certified Copy
	Mailing Add					
				<u>e</u>		
	P.O. Box (	•			•	
	Tallahasse	e, FL 32314		2415	N. Monroe Str	eet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OREAM VACATIONS, HARGARTHER; THALER & ASSOCIATES, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	pany were filed on JULY 21, 2017 and assigned
Florida document number <u>L17000156770</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
MARATIME JOURNEYS, LLC	Liability Company," the designation "LEC" or the abbreviation "L.L.C."
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:	
(Principal office address MUST BE A STREET ADDRES.	S)
	231
Enter new mailing address, if applicable:	<del>-</del>
••	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
	. Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and t as provided for in Chapter 605, F.S. Or, if this document is ffice address, I hereby confirm that the limited liability

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

Title	<u>Name</u>	Address	Type of Action
AMBR	CLAUDIA THALER	939 OLIVER STREET	□Add
		W000 HERE NY 11598	i≹Remove
			□Change
			🗆 Add
			□Remove
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an ef ote:	live date, if other than the date of filing: 01/01/24 (optional)  Sective 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 605.0  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.
e re Th∈	cord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier $2.00$ 00 points and $2.00$ 00 points are specified.
satese <sup>2</sup>	12/15/23
arcu	Drawn Let
	Signature of a member or authorized representative of a member