

L170001756032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

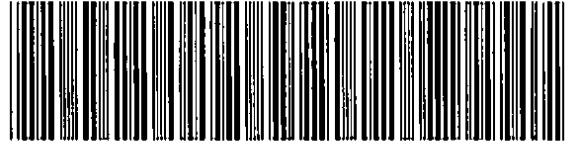
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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US/21/19--01019--015 **25.00

2019 MAY 21 AM 11:59

FILED

C. GOLDEN

JUN - 8 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAVEL AND DESTINATIONS, 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:

JOAN SANCHEZ
Name of Person

TRAVEL AND DESTINATIONS
Firm/Company

2800 E. SUNRISE BLVD, 7E
Address

FT. LAUDERDALE, FL 33304
City/State and Zip Code

joansancheztravel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAN SANCHEZ at (954) 347-3111
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

5/15/19

GOOD MORNING,

REGARDING TRAVEL AND DESTINATIONS, LLC,
THIS WILL CONFIRM CHANGE OF ADDRESS TO:

2800 E. SUNRISE BLVD.

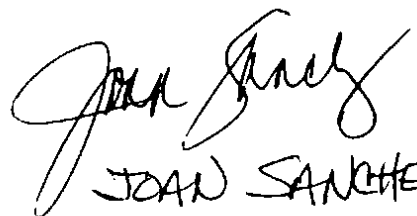
FT. LAUDERDALE, FL 33004

CONTACT ME WITH ANY QUESTIONS AT:

954-347-3111

joan.sancheztravel@gmail.com

THANK YOU FOR YOUR PROMPT ATTENTION.


JOAN SANCHEZ.

2019 MAY 21 AM

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

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

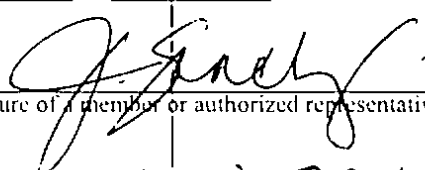
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b).

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 5-15, 2019.



Signature of a member or authorized representative of a member

JEAN SANCHEZ

Typed or printed name of signee