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C. GOLDEN JUN - 8 2019

## COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: TRAVEL AND DEST	TWATTONS LLC.
Name of Entitled La	tomy Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the	followine:
Trease return an emperipolitical conferming this matter to the	
JAN S	WEHEZ
	Name of Person
TRAVEL	AND DESTINATIONS Firm/Company
	URISE BLUD, 7E
FT. LAUDE	PLDATE, Fr. 33304  (State and Zip Code  (Swell @ gmail. Come)  sed for future annual goort notification)
City	/State and Zip Code
lansanchezt	ravel @ gmail. con
H-mail address: (to be u	sed 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:	
	S55.00 Filing Fee &  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  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

GOOD MORNING,

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

2800 E. SUNRISE BUYD.
FT. LAUDERDALE, FZ 33004
CONTACT ME WITH ANY QUESTIONS AT;

954-347-3111 Joan sanchez Travel @ g nail CON THANK YOU FOR YOUR PROMPT ATTENTION.

JOAN SANOHEZ.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF ORGANIZATION				
	OF 20/9, "/			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.)  Company as it now appears on our records.)  Ay,			
	inpany were filed on 8/16/17 and assigned on and assigned on a signed on a sig			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limits	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE)	ET LAUDERDAME, FL. 33304.			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NA			
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the ness here</u> :			
Name of New Registered Agent:	change			
New Registered Office Address:	Enter Florida street address			
	, Florida			
	Cuy Zip Code			
New Registered Agent's Signature, if changing Registered a				
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and not as provided for in Chapter 605, F.S. Or, if this document is office address. I hereby confirm that the limited liability			
	If Changing Registered Agent. Signature of New Registered Agent			

Page 1 of 3

If amendin or removed	g Authorized Person(s) auth	orized to ma	 nage, <u>enter the title, name, ar</u> 	nd address of each person being adde
MGR = N AMBR = A	danager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
<del></del>				
				☐ Remove
				Change
				Remove
				Change
				Remove
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				□ Remove
				☐ Change

). If am	mending any other information, enter change(s) here: (Attac	h additional sheets, if necessary.)
		<del></del>
		<del></del> -
	ective date, if other than the date of filing:	(optional)
Note:	effective date is listed, the date must be specific and cannot be prior to date of the life. If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	
the re ) The	record specifies a delayed effective date, but not an eff he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier of:
Dated	ed 5-15 2019:	
	Janel	
	Signature of thembor or authorized rep	Y by HT. >
	Typed or printed name of	signee

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Filing Fee: \$25.00