

9/7/2017

Division of Corporations

L 17000184959

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECTOR M/MG RESIGN
THINGS FOR TRIPS, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

2017 SEP 13 AM 8:54

STATE OF FLORIDA
TALLAHASSEE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 SEP 13 PM 12:02

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP 14 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2017 SEP 13 PM 12:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

THINGS FOR TRIPS, 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 Company were filed on 08/30/2017 and assigned
Florida document number L17000184959.

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:

1680 Michigan Avenue, Suite 700

(Principal office address MUST BE A STREET ADDRESS)

Miami Beach, FL 33139

Enter new mailing address, if applicable:

1680 Michigan Avenue, Suite 700

(Mailing address MAY BE A POST OFFICE BOX)

Miami Beach, FL 33139

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:

New Registered Office Address:

Enter Florida street address

Florida

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 | Henry Quintero | 8897 Fontainebleau Boulevard | <input checked="" type="checkbox"/> Add |
| | | Apt. 304 | <input type="checkbox"/> Remove |
| | | Miami, FL 33172 | <input type="checkbox"/> Change |
| AMBR | Yonis Kintero | 8897 Fontainebleau Boulevard | <input checked="" type="checkbox"/> Add |
| | | Apt. 304 | <input type="checkbox"/> Remove |
| | | Miami, FL 33172 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

Multiple horizontal lines for amending information.

2017 SEP 13 PM 12:03
DEPARTMENT OF STATE
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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 _____

Riley Park

Signature of a member or authorized representative of a member

Riley Park

Typed or printed name of signee