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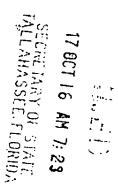
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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### · COVER LETTER

	Registration Sec Division of Corp						
CUBIC		1 & Tours LLC					
SUBJEC	T:		ited Liability Company				
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please ret	turn all correspon	ndence concerning this matter	to the following:				
		Xinyu Wang					
			Name of Person				
			Firm/Company				
		8422 SW 163 Terrace					
			Address				
		Palmetto Bay, Fl 33157					
		•	City/State and Zip Code	<del></del>			
		wxinyu@yahoo.com  E-mail address: (to be used for future annual report notification)					
For furth	er information co	oncerning this matter, please co		ncauon)			
Xinyu W	<sup>7</sup> ang		305 610-5308				
	Name of	Person	at () Area Code Daytima	e Telephone Number			
Enclosed	is a check for th	e following amount:					
\$25.0	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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Travel & Tours LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	oility Company were filed on 10/09/2017 and assigned
Florida document number L17000207988	·
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the	he limited liability company here:
Apex Travel & Tours LLC.	
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
Principal office address MUST BE A STREET.	•
Tracipal office address wood DE A STREET	ADDICENS
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BO	9X)
B. If amending the registered agent and/or	registered office address on our records, enter the name of the name
registered agent and/or the new registered office	
	TOP
Name of New Registered Agent:	## <b>CT</b>
Name of New Registered Agent.	<u> </u>
New Registered Office Address:	
	Enter Florida street address
	Florida R
	City Cale

#### 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>	Address	Type of Action
AMBR	Zhaojun, Li		🗆 Add
		8422 SW 163 Terrace, Palmetto Bay, Fl. 33157	■ Remove
			Change
AMBR	Li, Zhaojun	8422 SW 163 Terrace, Palmetto Bay, FL 33157	<b>∃</b> Add
			□ Remove
		<del></del>	□ Change
		· · · · · · · · · · · · · · · · · · ·	Add
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Filing Fee: \$25.00