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SECRETARY OF SIAISE FALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OK MUNDO TRAVE/ LLC Name of Limited Eighility Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Elias EAKARIA Name of Person
ELIAS EAKANA Name of Person OK MUNDO TRAVE/ CLC Firm/Company
7951 NW 1074 CT
DORAL, FL 33178 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ELIAS EAUARIA—— at (786) 636 4810 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate Oppy (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

OK MUNDO T,24VE (Name of the Limited Liability Comp. (A Florida Limited)	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Compan	y were filed on	10/12/2017	Z and assigned	ł
Florida document number <u>L 17 000 711 701</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liab	olity Company," the de	esignation "LLC" or the ab	breviation "L.L.C."	—
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>
			- 	SV
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			PH 7:	- S
				-8×
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, <u>enter</u>		ie new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	ida street address		
	City	, Florida	Zin Cooks	
New Registered Agent's Signature, if changing Registered Agen	•		op Code	
				:414.
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	e performance of i provided for in C	my duties, and I am f hapter 605, F.S. Or,	amiliar with and if this documen	d

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MAR	ELIAS ZAKARIA	7951 NW 10774 CT	
		DONAL, FL 33178	□ Remove
			Change
AMBR	ENZO VEGA	967 NW 11774 AUE	
		STE 405 MIAMI	Remove
		FL 33178	Change
			Remove
			Change
			Add
			Remove
			Change
			☐ Remove
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Effective date, if an effective date is Note: If the date document's effective date	inserted in this b	ist be specific a lock does not	nd cannot be p meet the ap	fior to date of I olicable statut	iling or more th	(optic an 90 days after uirements, this	filing.) Pursuan	t to 605,020 be listed a	97 (3 as the
ne record spec The 90th da				not an effe	ective time	. at 12:01 a	.m. on the	earlier (of:
Dated 02	/22		. <u>701</u>	8 //					
		Signature of	a member or a	uff	esentative of a r	nember			

Page 3 of 3

Filing Fee: \$25.00