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Office Use Only



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Jh5 3-7-19

## **COVER LETTER**

Div	ision of Corp	porations						
SUBJECT:	RAYSA TRAVEL, LLC.  Name of Limited Liability Company							
Sobsher.								
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspor	ndence concerning this matter	to the following:					
		IAN-ILLYCH MARTINE	Z					
			Name of Person	···				
		BELLO & MARTINEZ, P	LLC.					
			Firm/Company					
		2850 DOUGLAS ROAD,	SUITE 303					
			Address	<del></del>				
		CORAL GABLES, FL 331	134					
		imartinez@bmrlawgroup.cc	City/State and Zip Code om					
		E-mail address: (	to be used for future annual report notif	ication)				
For further in	nformation co	oncerning this matter, please ca	all:					
IAN ILLYCH MARTINEZ		305 442-7970 at ()						
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a	check for the	e following amount:						
□ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

	iability Company as it no Florida Limited Liability Co	w appears on our rec	ords.)
	Florida Limited Liability Co	ompany)	
The Articles of Organization for this Limited Liabi	lity Company were file	ed on 10/31/2017	and assigned
Florida document number L17000225467			
	·		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability com	ipany here:	
Raysa Ruiz Tours & Travel, LLC.			
The new name must be distinguishable and contain the words	s "Limited Liability Compa	iny," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		30 2
(Principal office address MUST BE A STREET A	NT/A		Till Till Till Till Till Till Till Till
			E 8 2
			Sign and the
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
maning duaress MAT BE AT OST OTTICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office	4.5	lress on our reco	rds, <u>enter the name of the</u>
Name of New Registered Agent:			
	N/A		drave
		Enter Florida street add	ar ess
			Florida
			Florida Zip Code
	City		Florida
Name of New Registered Agent:			drave

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u> N/A	Address N/A	Type of Action
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ocument's effective date on the Do	partment o	f State's re	cords.						
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ated FEBRUARY 26		2019 _• ——							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00