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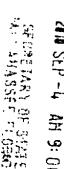
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M. MILLIGAN SEP 1 0 2018

COVER LETTER

Division of Co	orporations		
SUBJECT:	Travoogl	ELLC	
	Name of L	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Ellio	Name of Person	
	<u> </u>	TV2UOOSE FimuCompany	, <u>LLC</u>
	5038	W, IVO V	Bronson H.wy
	Kissiv	City/State and Zip Code City/State and Zip Code to be used for foture annual report not	34746 9 Mail. Com
For further information e	concerning this matter, please or	•	fication)
	/	at (<u>305)</u> <u>613</u> Area Code Daytim	-5700 Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 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)

TO:

Registration Section

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

HETICIES OF Houndment

ARTICLES OF ORGANIZATION **OF**

Trainnale	LLC	278 SEP -4 AM 9:00
(Name of the Limited Liability Comps (A Florida Limited	iny as it now appears on our records. Liability Company)	GERRETARY OF STARE TALL ANASSEE FLORID.
The Articles of Organization for this Limited Liability Company	were filed on _ 1 \ 19	201 Gand assigned
Florida document number <u> </u>	73	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_	ulo Bionson
(Principal office address MUST BE A STREET ADDRESS)	Kissimm	EE , FL 3474
Enter new mailing address, if applicable:	5038 W. IV	clo Bronson
(Mailing address MAY BE A POST OFFICE BOX)	- KissimMe	EE, FL 34746
•		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records,	enter the name of the new
News CN D. L. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
New Registered Agent's Signature, if changing Registered Agent:	Vily.	гір Соце
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been partified in partition of this company.	verformance of my duties, and . Povided for in Chapter 605 W.	I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MAR	Cory Steeman	7751 Kingspoint He ORL, FL 32819	<u>) &</u> □ V99
		ORL, FL 32819	Remove
			Change
MER	Tsun wong	5038 W. Irlo Drongov	<u> </u>
		Kiss, FL 34746	□ Remove
. 4	(□ Change
MLR	Levy Elliott	14600 Lateway Pain	Ki vaa
		168 EE 27 0 Sub 120	□ Remove
	1		_□ Change
MLR	SE GEMBNN, CONY	7751 Kings Pointe Parkway # 108	_ S Z∧dd
		0x 13 190 EX 33811	_□ Remove
			_□ Change
			_D Add
			_□ Remove
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			□ Remove
			

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E. Effect	we date, if other than the date of filing: $8 30 20 8$ (ontional)
(ពេធរាមព	ective date is listed, the date must be consider and amount be a first of the date must be consider and amount be seen as the consider and amount be seen as the constant of t
docum	ent's effective date on the Department of State's records.
76 bb a	
(b) The	ord 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_	8/30/2018
	Signature of a member or authorized representative of a member
	Ellist LEVY
	Typed or printed name of signee
	<u>-</u>

Page 3 of 3

Filing Fee: \$25.00

SECRETARY DE SYNTE