## 117000247729

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
·
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Consideration to Filipp Officer
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LEGGETT 10 2018

## **COVER LETTER**

TO: Registration Se Division of Cor						
Short Trip	LLC					
SUBJECT:Name of Limited Liability Company						
	Amendment and fee(s) are sub					
Please return all correspo	ondence concerning this matter	to the following:				
	Mike Aranda					
Name of Person						
	Short Trip LLC					
·.		Firm/Company	<del></del>			
	1222 se 47th st suite 330					
		Address				
	cape coral, fl 33904					
	City/State and Zip Code mike@mg1fl.com					
		to be used for future annual report notifi	ication)			
For further information of	concerning this matter, please c	all:				
mike aranda		239 267-4804 at ( )				
Name of Person		Area Code Daytime	Telephone Number			
Enclosed is a check for t	he 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)			
34.44	ING ADDRESS	CTDUET/COUDI	PR ADDDECC.			

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

y as it now appears on our records.) lability Company)			
were filed on 12/04/2017	and assigned		
lity company here:			
ity Company," the designation "LLC" or the ab	breviation "L.L.C."		
1222 SE 47th street suite 330			
cape coral, fl 33904			
1222 se 47th street suite 330			
cape coral, fl 33904			
Fice address on our records, entere:  Enter Florida street address  City	the name of the new		
	ty Company," the designation "LLC" or the ab  1222 SE 47th street suite 330  cape coral, fl 33904  1222 se 47th street suite 330  cape coral, fl 33904  fice address on our records, enter  Enter Florida street address		

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

1.0

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgr	wilfredo R rivero raya	526 terminal dr naples, fl 34104	☐ Add
		<u> </u>	■ Remove
			☐ Change
			□ Add
•			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change

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Typed or printed name of signee

Filing Fee: \$25.00