L17000252345

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COVER LETTER

TO:	Registration Sec Division of Corp		1			
		ompany, LLC				
SUBJECT:Name of Limited Liability Company						
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		Lyubov Lia Pasishnyk				
			Name of Person			
		M Travel Company, LLC				
	Firm/Company					
		3003 SW 10th Pl				
			Address			
		Cape Coral/FL 33914				
		adm@mtravelcompany.com	City/State and Zip Code			
		E-mail address: (to be used for future annual repo	ort notification)		
For fu	rther information co	oncerning this matter, please ca	all:			
Lyube	w Lia Pasishnyk		586 45782 at ()			
	Name of	Person	Area Code [Daytime Telephone Number		
Enclos	sed is a check for th	e following amount:				
□ \$2	5.00 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

M Travel Company, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _____L170000252345 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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	Natalia Pasishnyk	Rua Abilio Soares 537, Ap 64	
		Sao Paulo, SP 04005-002 BR	5 0
			Change
AMBR	Youssef Khalfaoui	Issebtienne Derb Jdid, N4	
		Marrakesh MA 40000 MA	
			Change
MGR	Lyubov L Pasishnyk	3003 SW 10th Pl	
		Cape Coral, FL 33914	Remove
			🖺 Change
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			☐ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			□ Remove
			Change

	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing e: If the date inserted in this block does not meet the applicable statutory	
ument's effective date on the Department of State's records.	2 ,
record specifies a delayed effective date, but not an effective	ve time, at 12:01 a.m. on the earlie
ne 90th day after the record is filed.	
Foliment 9 2018	
ed February, 2 2018	
L. Possishnyk Signature of a member or authorized represents	

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Typed or printed name of signee

Filing Fee: \$25.00