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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

M Travel Company, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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

City/State and Zip Code

adm@mtravelcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyubov Lia Pasishnyk

586 4578281

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Natalia Pasishnyk	Rua Abilio Soares 537, Ap 64	<input type="checkbox"/> Add
		Sao Paulo, SP 04005-002 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Youssef Khalfaoui	Issebtienne Derb Jdid, N4	<input type="checkbox"/> Add
		Marrakesh MA 40000 MA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lyubov L. Pasishnyk	3003 SW 10th Pl	<input type="checkbox"/> Add
		Cape Coral, FL 33914	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This is a Manager Managed LLC.

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F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 February, 2 . 2018

L. Persishnyk

Signature of a member or authorized representative of a member

Lyubov Lia Pasishnyk

Typed or printed name of signee