11800005485

(Requestor's Name)
(Address)
· ,
(Address)
(City/State/Zip/Phone #)
(, <u>_</u> ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400313348954

jg/~7/19--01014--001 ★+25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

N COOPER NAY 18 2018

COVER LETTER

TO:	Registration Se Division of Cor	ection porations				
erm		Travel, LLC				
Name of Limited Liability Company						
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Plea	se return all correspo	ondence concerning this matter	to the following:			
		Roxana Perez				
		· · · · · · · · · · · · · · · · · · ·	Name of Person	528 Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status &		
		Accounting Express Ente	erprises, Inc.			
			Firm/Company			
		4810 SW 8 Street				
		· · · · · · · · · · · · · · · · · · ·	Address			
		Miami, FL 33134				
			City/State and Zip Code			
		E-mail address: (to be used for future annual report notific	cation)		
For	further information c	oncerning this matter, please ca	all:			
Roxana Perez			305 443-2528 at ()			
	Name o	f Person	at () Area Code Daytime '	Telephone Number		
Encl	osed is a check for th	ne following amount:				
	\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy		

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

Distinction Travel, LLC		
(Name of the Limited Liability C (A Fiorida Lia	Company as it now appears on our records mited Liability Company)	<u>r.</u>)
The Articles of Organization for this Limited Liability Com	pany were filed on 01/08/2018	and assigned
lorida document number L18000005485		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	33)	9
		8 YIS
		AY
nter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		₹ 7990
	·	9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		. ⇔
. If amending the registered agent and/or registere egistered agent and/or the new registered office address		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flo	rida
	City	Zip Code

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>	<u>Address</u>	Type of Action
mgr	Diego Casaballe	6921 Environ Blvd.	
		Apt 3T	□ Remove
		Lauderhill, FL 33319	Change
			Add
			□ Remove
			Change
			□ Add
· .			□ Remove
			☐ Change
			□ Add
			Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			☐ Remove
			□ Change
			□ Remove
			Change

	<u> </u>					
				 		
					=	DI V
					MAY	SHON
		, .			17	of C
					=======================================	ORPO
			<u></u>		<u>89</u> <u>23</u>	RATIO
						NON:
				 _		
			· · · · · · · · · · · · · · · · · · ·			
ective date, if other than t	he date of filing:			(option:	ıl)	
ective date, if other than t effective date is listed, the date is ee: If the date inserted in this ument's effective date on the	block does not me	et the applicable	ate of filing or more e statutory filing re	than 90 days after fili equirements, this da	ng.) Pursuant to 605. te will not be liste	.0201 ed as
record specifies a delay he 90th day after the r		te, but not a	n effective tim	e, at 12:01 a.m	n, on the earlie	er o
May 11 ed		2018				
	7/5.					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00