## L18000040963

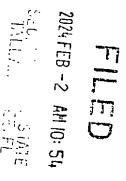
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/26/23--01018--014 \*\*52.50





## **COVER LETTER**

TO:

Registration Section

Division of Corporations
SUBJECT: TAKE A TRIP Tow and Travel LLC  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:
John P. Fevraci Name of Person
TAKE ATTIP TOW and Travel LLC
2005 W. CYPTESS Creek Rd-104B
Ft. Lauderdale Fl 33309 City/State and Zip Code
take atriptowand trond O Small. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same of Person at (954) 526-9147  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Zi \$25.00 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2001

TAKE ATC, D. J. (Name of the Limite	bur and t	ravel LLC		2024 FEB -2 AH 10: 51
( <u>Name of the Limite</u>	d Liability Compan A Florida Limited Li	y as it now appears on o ability Company)	ur records.)	TALL STATE
The Articles of Organization for this Limited Lia Florida document number <u>L/80000</u> 4	ability Company v 096 <u>3</u>	were filed on	14/18	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company," the designat	ion "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	TADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our record	s, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	_John_	P. Ferrar	· ·	
New Registered Office Address:		Enter Florida sir	eet address	
			, Florid	aZiv Code
		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>	Address	Type of Action
MGL	DAVID VICTOR Ferra	Plantation, FL 33317	□Add
		Plantation, FL 33317	Remove
			□Change
Mol	John P. Ferrari	2005 W. Cypress Crak Ft Lauderdale, +1 3330	PURAdd HE 104B
		Ft Lauderdale, +1 3330	G □Remove
			□Change
			□Ađd
		<del></del>	□Remove
			□Change
		·	
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
<u></u>		<del></del>	□Add
			□Remove
			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u>	ve date, if other than the date of filing:
the record	I 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 ed.
Dated <sub>-</sub>	Signature of a member or authorized representative of a member
	John P Ferrari Typed of printed name of signee

Filing Fee: \$25.00



January 10, 2024

JOHN FERRARI 7154 N. UNIVERSITY DR #199 TAMARAC, FL 33321

SUBJECT: TAKE A TRIP TOUR & TRAVEL LLC

Ref. Number: L18000040963

We have received your document for TAKE A TRIP TOUR & TRAVEL LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CERTIFICATE OF AMENDMENT TO CERTIFICAE OF LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

FEB 0 2 2024

Letter Number: 724A00000488



November 6, 2023

JOHN FERRARI 7154 N. UNVERSITY DR #199 TAMARAC. FL 33321

SUBJECT: TAKE A TRIP TOUR & TRAVEL LLC

Ref. Number: L18000040963

We have received your document for TAKE A TRIP TOUR & TRAVEL LLC and your check(s) totaling S52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

All general partners must provided their signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 423A00025747

Anissa Butler Regulatory Specialist II