L18000046284

(Requestor's Name)
(Address)
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(1881055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(=========,
Code of Code
Certified Copies Certificates of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER .

TO: Registration S Division of Co			
	S TOURS, LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CARLOS M GONZALEZ		
		Name of Person	
	LAS OLAS TOURS, LLC		
		Firm/Company	
	10149 EAGLE CREEK CE	ENTER BLVD	
		Address	
	ORLANDO, FL 32832		
		City/State and Zip Code	
	CG@lasolastours.com	to be used for future annual report noti	Gardon)
For further information	concerning this matter, please ca	·	neanon)
CARLOS M GONZAL	EZ	786 203-2397	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAS OLAS TOURS, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>02/21/2018</u>	and assigned
Florida document number L18000046284		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		3
		
		7. S
Enter new mailing address, if applicable:		्
Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		7:
		76 §
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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
VP/MGR	Carmen I Lopez	10149 EAGLE CREEK CENTER I	
		ORLANDO, FL 32832	□ Remove
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ffective date, if other than an effective date is listed, the date of the listed in the ocument's effective date on the	must be specific and s block does not n	cannot be prioneet the appli	cable statute	ling or more th	optic an 90 days after uirements, this	filing.) Pursuant	to 605.02 be listed	207 (3 as th
e record specifies a dela The 90th day after the			ot an effe	ctive time,	at 12:01 a	.m. on the	earlier	of:
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	Signature of a r	n. g	may	sentative of a r				

Page 3 of 3

Filing Fee: \$25.00