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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Registration Section

Division of Corporations

BJECT: Experience Luxury Travels Name of Limited Liability Company
ne enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:
Phoniese Slaton Name of Person
3495 NIW 11ct Address
City/State and Zip Code  Phyllia & yah 10, WM  18:-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Phoniese Slaton at (305) 815-3683  Name of Person Area Code Daytime Telephone Number
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee, \$\Bigcup \$\Bigcu
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Experience Luxur (Name of the Limited Liability (A Florida L	ry Travels	
(A Florida L	Limited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1</u> 89700 531	mpany were filed on $\frac{228/13}{45}$ and assign	ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite  Travel With Physes	a LLC	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "L.L.C" or the abbreviation "L.L.C	· "
Enter new principal offices address, if applicable:	F)	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		•-
Enter new mailing address, if applicable:	<u> </u>	٠
(Mailing address MAY BE A POST OFFICE BOX)		
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	) )
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	ered office address on our records, enter the name of ess here:	the ne
Name of New Registered Agent:		<del>.</del>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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>	Name	Address	Type of Action
AMBR	Phoniese Slaton		Add
		MIAMI, 7133127	□ Remove
			Change
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated <sub>:</sub>	May 7 2019
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Phonic Selfator  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00