

118000069312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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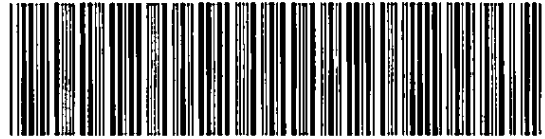
(Business Entity Name)

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11/20/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: #LETSGO 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:

THAYS MATOS

Name of Person

Firm/Company

1214 MIDDLESEX DRIVE

Address

NEW PORT RICHEY, FL 34655

City/State and Zip Code

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

For further information concerning this matter, please call:

THAYS MATOS

727

688-0475

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

2019-07-15 A 5:32

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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>
P	MATOS THAYS	1214 MIDDLESEX DRIVE	<input type="checkbox"/> Add
		NEW PORT RICHEY, FL 34655	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: _____ (optional)

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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

10/25/18

Signature of a member or authorized representative of a member

THAYS MATOS

Typed or printed name of signee