

L18000096097

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ACCOUNT BOOKKEEPING CORP
Account Number : 120120000055
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Fax Number : (407)897-5336

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DIVISION OF CORPORATIONS
2022 SEP 27 PM 1:47

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRAVELONE NARDI LLC

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Page Count	01
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J L L L M S
SEP 28 2022

TO: Registration Section
Division of Corporations

SUBJECT: TRAVELONE NARDI 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:

VANESSA ZINICOLA
Name of Person
ACCOUNT BOOKKEEPING CORP
Firm/Company
5301 CONROY ROAD SUITE 140
Address
ORLANDO FL 32811
City/State and Zip Code
CUSTOMER@ABKCORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA ZINICOLA 407 898-1757
Name of Person at () 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 &
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(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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRAVELONE NARDI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/05/2018 and assigned
Florida document number L18000086077.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRUNO VIEIRA DO NASCIMENTO	4584 MARIEL LOOP	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIANA BUCCIERI NARDI	4584 MARIEL LOOP	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 09/27

2022

Signature of a member or authorized representative of a member

JOERCY LURDES BUCCIERI NARDI

Typed or printed name of signee