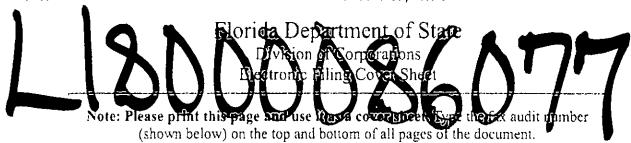


Q2/24/2023 04:26 PM

TO:18506176383 FROM:4078975336

Division of Corporations



(((H23000073253 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757

Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

... Email Address: mfo@abkcorp.com

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

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

M. SOLOMON

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|---|---|---|---|--|--|
| TRAVELONE NARDI LLC | | | | | |
| SUBJECT: | SUBJECT:Name of Limited Liability Company | | | | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| | LETICIA SANTOS | | | | |
| | | Name of Person | | | |
| | ACCOUNT BOOKKEEP | ING CORP | | | |
| | | Firm/Company | | | |
| | 5301 CONROY ROAD SUITE 140 | | | | |
| | | Address | | | |
| | ORLANDO, FL 32811 | | | | |
| | | City/State and Zip Code | | | |
| | INFO@ABKCORP.COM | to be used for future annual report no | differition) | | |
| For further information of | concerning this matter, please c | | sinculus, y | | |
| LETICIA SANTOS 407 898-1757 | | | | | |
| Name o | t Person | at () | me Telephone Number | | |
| Enclosed is a check for to | he following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filling Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Address Registration Solvision of Co. Box 632 | Section orporations | Street Address: Registration Se Division of Co The Centre of | rporations | | |

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Page: 02/24/2023 04:26 PM

TO:18506176383

FROM: 4078975336 M よう UUUU しょくしょ

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

| TRAVELONE NARDI LLC | | |
|---|---|--|
| (<u>Name of the Limited Liability Cor</u> (A Florida Limit | nnany as it now annears on our records.) ed Liebility Company) | |
| The Articles of Organization for this Limited Liability Compa Florida document number L18000086077 | any were filed on 04/05/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Li | ability Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 7 20 Z |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | \$ 2 S |
| Enter new mailing address, if applicable: | | 77 |
| Mailing address MAY BE A POST OFFICE BOX) | | 9F 87 12: |
| | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| 3. If amending the registered agent and/or registered offic gent and/or the new registered office address here: | e address on our records, <u>enter the m</u> | ame of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Florida _ Ciņ | 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.

Page:

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TO:18506176383 FROM:4078975336

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 |
|--------------|---------------------------|--------------------|----------------|
| AMBR | JOERCY LURDES BUCCIERI NA | 4584 MARIEL LOOP | ≣ Add |
| | | KISSIMMEE FL 34746 | |
| | | | □Change |
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| document's effective date on the | | statutory fitting requirements, this differ with the fisher is |
|---|-------------------------------------|--|
| If the record specifies a delayed effect record is filed. | ive date, but not on | y on the earlier of the rise 90th day effer the |
| Dated | 2021 | |
| X | Signature of a member or mathorized | representative of a member |
| CELSO NARDI | fund or printed cam | |