L18000102614

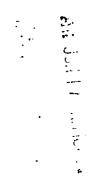
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

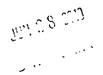
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COVER LETTER

TO:	Registration S Division of Co			;		
em m		SH TOUR LLC				
SUBJE	CT:	Name of Lin	nited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:	·		
		GUILLERMO R GUTIER	RREZ			
		GUTIERREZ & ASSOCIA	Name of Person ATES SVC INC.			
			Firm/Company			
		4640 SW 155TH PLACE				
		MIAMI, FLORIDA 33185	Address			
		guillare@yahoo.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report n	otification)		
For furth	ner information o	oncerning this matter, please ca	all:			
	GUILLERM	O R GUTIERREZ	305 223 428	9		
	Name o	f Person		ime Telephone Number		
Enclosed	l is a check for th	he 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)		
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive	porations .		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GH TOUR LLC

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

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL18000102614	were filed on _	April 24, 201	8 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14357 SW 139	9TH COURT N	MIAMI, FLORIDA 33186
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			MIAMI, FLORIDA 33186
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our recore	ds, <u>enter the name of the ne</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Fi	lorida street addr	255
 	City	, F	lorida
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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANDRE PASSOS DE PAULA	14357 SW 139TH COURT MIAMI, FLORIDA 33186	■ Add
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		JUL	√E 12, 2019		
Effective	date, if other than the da			(optional)	
Note: If t	we date is listed, the date must be the date inserted in this blocks of the Department of the Departme	k does not meet the applic	able statutory filing require	(optional) 0 days after filing.) Pursuant to 60 ments, this date will not be lis	(3)(ted as the
he record The 90	d specifies a delayed e th day after the recor	effective date, but no d is filed.	t an effective time, at	: 12:01 a.m. on the earl	ier of:
Dated	JUNE 12	2019	·		
		The world Const	William 2		
	Si	gnature of a member or auth-	orized representative of a mem		
		WESLEY	CARNEIRO		
		Typed or print	ed name of signce		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00