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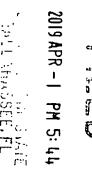
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
SUBJE	Travel 10 U			
SOBJE	C1	Name of Lim	ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Charles McMurry		
		McMurry Law Firm	Name of Person	
		910 N. Duval St.	Firm/Company	
		Tallahassee, Fl. 32303	Address	
		mclaw@mcmurrylawfirm.c	City/State and Zip Code om	
For furt	ner information c	E-mail address: (	to be used for future annual report not	ification)
	McMurry	Ψ · · · · ·	850 425-3000 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
<b>■</b> \$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	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpe	on

P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Travel 10 USA LLC		70 =====
(Name of the Limited Liability (A Florida l	(Company as it now appears on our records.) Limited Liability Company)	PR -1 PH
The Articles of Organization for this Limited Liability Co Florida document number $\frac{L18000118853}{L18000118853}$	ompany were filed on May 11, 2018	Fand assigned F
This amendment is submitted to amend the following:		Let +
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
Life Trnds, LLC		
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	<u>ESS)</u>	
		· <del>-</del> · · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 = Ma AMBR = Au	nager thorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□ Remove
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Departure record specifies a delayed ef	does not meet to timent of State*	he applicable s records.	statutory filing req	uirements, this da	te will not be li	sted as I
ffective date, if other than the dat an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Departer record specifies a delayed efficient The 90th day after the record ated.	does not meet to timent of State's fective date, is filed.	he applicable s records.	statutory filing req	uirements, this da	te will not be li	sted as (
ffective date, if other than the dat an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Departer record specifies a delayed effective date of the 90th day after the record ated March 28	fective date, is filed.	he applicables records.  , but not a	statutory filing req	uirements, this da , at 12:01 a.m	te will not be li	sted as t

Filing Fee: \$25.00