

L180000139165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

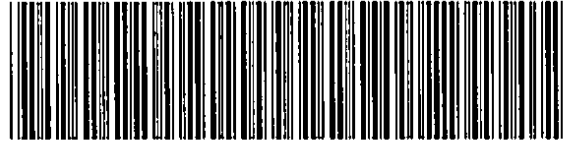
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUL 11 PM 1:29

N COOPER

JUL 13 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

NAME OF LIMITED LIABILITY COMPANY

DISTINCTE TRAVEL GROUP

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN WINTON

NAME OF PERSON

DISTINCTE TRAVEL GROUP

FIRM/COMPANY

151 7TH ST. SOUTH

ADDRESS

ST. PETERSBURG, FL 33701

CITY/STATE AND ZIP CODE

SWINTON@maidenwing.com

E-MAIL ADDRESS: (TO BE USED FOR FUTURE ANNUAL REPORT NOTIFICATION)

For further information concerning this matter, please call:

Sean Winton

NAME OF PERSON

at (813) 300 2464

AREA CODE

DAYTIME TELEPHONE NUMBER

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Page 1 of 3

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

Title	Name	Address	Type of Action
MGR	DEAN WINTON	151 7TH ST. S.	<input checked="" type="checkbox"/> Add
	WINTON (410)	ST. PETE, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BILL CURTIN	151 7TH ST. S. (410)	<input checked="" type="checkbox"/> Add - add in to *
		ST. PETERSBURG, FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KAREN O'NEILL	151 7TH ST. S. (410)	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SANDRA ROMEO	151 7TH ST S. (410)	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMY KUNKEL	151 7TH ST. S. (410)	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33701	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

FULLY
SECURITY OF STATE
DIVISION OF CORRUPTION

18 JUL 11 PM 1:29

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7 | 02 | 15

2018

Walter

Signature of a member or authorized representative of a member

SEAN WINTON

Typed or printed name of signee