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Special Instructions to	Filing Officer:	





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SECRETARY OF STATES OF STATES OF CORPORATION 1: 2:

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	ССТ:	Name of Lim	ited Liability Company	TRAVEL GROUP
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
		1)15	TINCTE TRA	Ma Group
		15X	7th St. Sour	Tid
		51	Address VERELSBULCI,	idensing com
		3	City/State and Zip Code With Ton Mex	idensing com
For fur	her information co	oncerning this matter, please ca	ill:	\smile
	Sec ~	Winter	at (S12) 30 E Area Code Daytin	DO SALGO ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
%a s 25	i.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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DISTING	TE TE	AVEL (TKOUP		
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears (bility Company)	on our records.)		
The Articles of Organization for this Limited Liab Florida document number \$000.1		ere filed on	6/05/	18 and assign	ed
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	ne limited liabilit	ty company here	<u>:</u>		
The new name must be distinguishable and contain the word Enter new principal offices address, if applicab	·	Company," the desi	gnation "LLC" or the	abbreviation "L.L.C	
(Principal office address MUST BE A STREET.	•				PIVI S
		•		5	100 100 100 100 100 100 100 100 100 100
Enter new mailing address, if applicable:	-		·	=	27.77.75.75.75.75.75.75.75.75.75.75.75.75
(Mailing address MAY BE A POST OFFICE BO	OX)			工	्रि ज
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B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on c	our records, <u>ente</u>	er the name of	the nev
Name of New Registered Agent:					
New Registered Office Address:		Hinton Florida	u street address		
		isuwe e norud			
	 .	City	, 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
Mar	DUAN WINE	131 714 ST. S.	₽\ Add
	WINTO	Address 1SI 714 ST. S. (410), ST. PETE, FL	337 \ (□ Remove
	,		Change
ambk	BILL CURTIN	151 774 St. S. (410)	Add - addi
		ST. PETERDANG, FL 33701	Remove
			☐ Change
	KAREN O'NEILL	151 7TH St S. (410)	X\nud
		St. PETURSBUKG, FL 3370	○ □ Remove
1			Change
-IMBRC	SAHORA ROMED	151 7TH St 5. (410)	D Add
		ST. PETERSBURG, FL 337	<u> ○</u>
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-)MBR	Amy KUNKEL	151 7TH ST. S. (4110	D Mydd
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ective date	, if other than the	e date of filing	g:	to data of filing	or more than C	(optiona	al)
t <u>e:</u> If the da	ite insected in this b ective date on the E	lock does not n	meet the applica	able statutory	filing require	ments, this da	ite will not be listed
he 90th c	ecifies a delaye lay after the rec	cord is filed.			ve time, at	: 12:01 a.m	n. on the earlier
ed	7(02)	<u> </u>	. <u>2018</u>	<u> </u>			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00