

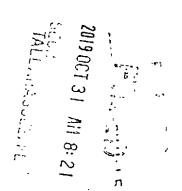
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sysan Brown Chuse Planners LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Susann Brown Name of Person
Susan Brown Couise Planners LLC Firm/Company
13799 Park Blud N. # 117
Seminole, FL 33776  City/State and Zip Code
Susan . Drown @ Cruiseplanners . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susann Brown  at (727) 303 9650  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

## 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

Susan Brown Cruise	. Planne	as LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 18 960 29 31 73</u> .		.11	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company h	ere:	
The Destination Experts LLC	<del>-</del>		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the o	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
			ω 553
			. ≜
Enter new mailing address, if applicable:			· _α _ · · ·
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	_2
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		our records, enter	the name of the nev
registered agent and/or the new registered brice address here.			
Name of New Registered Agent:			
<del>-</del>		<u>-</u>	
New Registered Office Address:	Enter Flo	rida street address	
	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	vanavity. I further am	coe to comply with the
provisions of all statutes relative to the proper and complete p			* ·
accept the obligations of my position as registered agent as pr	•	•	5
being filed to merely reflect a change in the registered office a	iaaress, I herei	by confirm that the lin	шеа нарину

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Name	Address	Type of Action
			□ Remove
			☐ Change
		□ Remove	
			Change
			Add
			□ Remove
			Change
		☐ Remove	
			Change
		☐ Remove	
		☐ Change	
			□ Remove
			□ Change

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Effective	e date, if other than the date of filing: (optional) ive 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 605.02:
(If an effect) Note: 1f	ive 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document	s effective date on the Department of State's records.
	ad a saife and adapted officialities date that are effective time at 12,01 are on the applier
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	10-28-2019
	1/40
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00