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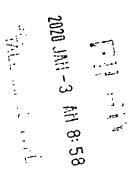
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C Kinsey

COVER LETTER

	Registration Se Division of Co			
CUDIEC		ation Experts LLC		
SUBJEC	·1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Susan Brown		
			Name of Person	· · ·
		The Destination Experts L	LC	
			Firm/Company	
		13799 Park Blvd N #117		
		-	Address	
		Seminole FL 33776		
		susan.brown@cruiseplanner	City/State and Zip Code	
		•	to be used for future annual repo	ort notification)
For furthe	er information c	concerning this matter, please co	all:	
Susan Brown		727 303905		
Name of Person		Area Code I	Daytime Telephone Number	
Enclosed	is a check for t	he following amount:		
	00 Filing Fec	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
i I	Mailing Addres Registration Division of C P.O. Box 632	Section Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Destination Experts LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C		and assigned
Florida document numbe L\800293\73	'	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Your Destination Experts LLC		
The new name must be distinguishable and contain the words "Litt	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDI	RESS)	. 20
		20.
		7
Enter new mailing address, if applicable:		$\frac{1}{2}$ ω .
(Mailing address MAY BE A POST OFFICE BOX)		
muning unitess MAT BE AT OST OFF REE DOAY		: œ ===
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	City	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			Remove
			□Change
			□ Add
			🗆 Remove
			□ Add
			□Remove
			Change
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an effective date lote: If the da	if other than the d is listed, the date must be inserted in this bloc ctive date on the Dep	ate of filing: he specific and ca k does not mee	mnot be prior to da et the applicable			ling.) Pursuant to 605.	
record specific	s a delayed effective (date, but not ar	n effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
ated	19	· · · ·	<u></u>				
				1/0	`		
	S	gnature of a me	moer or authorize	d representative of	a member		