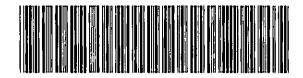
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(Re	questor's Name)	
(Ad	dress)	
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	10.	
(Cit	ty/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
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(00	ocument Number)	
Certified Copies	_ Certificates o	of Status
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COVER LETTER

DINSTIN	ATIONS LLC		
SUBJECT:	Name of Limited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	RAWLINDS BELL		
		Name of Person	
	RAPID RETURNS LLC		
		Firm/Company	
	7310 W. MCNAB RD . SU	HTE 206	
		Address	
	TAMARAC, FL 33321		
	RBELL@RAPIDRETURN	City/State and Zip Code S.BIZ	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ıll:	
RAWLINDS BELL	an	_ 855 727-4310	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ \$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 enclose

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

DINSTINATIONS LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our record ability Company)	<u>.s.</u>)
The Articles of Organization for this Limited Liability Company (were filed on JANUARY 09, 20	and assigned
Florida document number 1.19000011697		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ity company here:	
EXOTIC DINSTINATIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		. 2
Enter new mailing address, if applicable:		30. 9
(Mailing address MAY BE A POST OFFICE BOX)		
		0 1
		= 1
B. If amending the registered agent and/or registered off		- 1
registered agent and/or the new registered office address here	:	_

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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>	<u>Address</u>	Type of Action
			☐ Remove
			Change
	·		Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			
			□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

H amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(If an effec <u>Note:</u> If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated _	April 16 2019.
	Och-
	Signature of a member or authorized representative of a member
	Rawlinds Bell Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00