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COVER LETTER

	stration Section sion of Corporations	
SUBJECT	Grupo BT Travel LLC Name of Limited Liability Company	
The enclose	Articles of Amendment and fee(s) are submitted for filing.	
Please retu	all correspondence concerning this matter to the following:	
	Bernardo PamparaTO Name of Person	<u>_</u>
	Grupo BT Travel LLC Firm/Company	
	9533 SW 72nd ST	-
	Miami, FL 33173 City/State and Zip Code idalmis Zambrano Ogmail. Com E-mail address: (to be used for future annual report notification)	 1
For further	formation concerning this matter, please call:	
ydal	Name of Person at (786) 608 745 Area Code Daytime Telephone	Number Number
Enclosed is	check for the following amount:	
7 \$25.00	Certificate of Status Certified Copy C (additional copy is enclosed)	50.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	travel LL@201111-2 PH12:58
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing the Florida document number <u>L 19000</u> 125 94.	any were filed on <u>011012019</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	liability company here:
The new name must be distinguishable and contain the words "Limited L	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Pamparato, Bernardo 1100 NW 87th Ave Apt 407 Coral Spring, FL 33071
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Hernandez, Mayerleing 1100 NW 87th Ave Apt 407 Coral Spring, FL 33071
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
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iote:	tive date, if other than the date of filing: 02/25/2020 (optional) Tective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco d is f	rd 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 iled.
ated	$\frac{02/25}{92}$
	Conclie
	Signature of a member or authorized representative of a member