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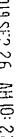
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COVER LETTER

TO: Registration Division of C			
SUBJECT:	PAC Tour.	S LLC nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Alexa	ender Podshiba	LEV
		Name of Person	
		Firm/Company	
	404 N	E 194 ¹ L Terrace	
	Niam	ei F4 33179	7
	Sales (E-mail address: (City/State and Zip Code Docyochtswo to be used for figure annual report notif	eld.com
For further information	concerning this matter, please ca		
Serge/	's Barannikovs	at (716) 440 Area Code Daytime	14081
✓ Name	of Person	Area Code Daytime	: 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 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

PAC Tours L		2019 SEP 26	AH 10: 22
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900023980</u> .	were filed on	g and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	LLC		
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the Fort Lauderdo 33308	BOR IS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	404 NE 194 Niami FL	th Terr 33179	ace
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name o	f the new
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, 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
			☐ Remove
		 	Change
	·		□ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
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(II an eII <u>Note:</u>	ive date, if other than the date of filing: Of 24 / 2019 (optional) ective 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 ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	09/24/2019
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00