

L19 0000 29581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

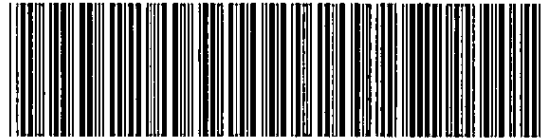
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JUL 23 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FL

US
7/23/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2021

MARIE BETTY JOSEPH
1156 SW HUTCHINS STREET
PORT SAINT LUCIE, FL 34983

SUBJECT: US ISRAEL TOUR LLC
Ref. Number: L19000029581

We have received your document for US ISRAEL TOUR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 921A00015180

RECEIVED

JUL 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US ISRAEL TOUR LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIE BETTY JOSEPH

Name of Person

SERVICES

Firm/Company

1156 SW HUTCHINS STREET

Address

PORT-SAINT-LUCIE 34983

City/State and Zip Code

JUSBERTA7@YAHOO.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

MARIE BETTY JOSEPH

954

3970309

at ()

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 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**

US ISRAEL TOUR LLC

(Name of the Limited Liability Company as it now appears on our records,
if it is not the same as the name on the original Articles of Organization)

The Articles of Organization for this Limited Liability Company were filed on 02/04/2019 and assigned
Florida document number 119000029583

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JOSEPH BETTY SOL SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1156 HUTCHINS STREET

(Principal office address MUST BE A STREET ADDRESS)

PORT SAINT LUCIE FLORIDA 34983

Enter new mailing address, if applicable:

SAME

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIE BETTY JOSEPH

New Registered Office Address:

Same

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

MGR = Manager

AMGR = Authorized member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

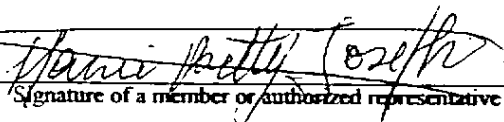
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E. Effective date, if other than the date of filing: _____ (optional)

If the record specifies a delayed effective date, it must be specified as occurring and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.9207 (3)(b) of the Florida Statutes, if the date specified in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 21 OF MAY 2021



Signature of a member or authorized representative of a member

MARIE BETTY JOSEPH

Typed or printed name of signer