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(Re	questor's Name)
(Ad	dress)	
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(Cit	ry/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ame)
(Do	ocument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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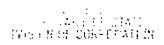
COVER LETTER

TO:

	Registration Sc Division of Cor			
		AVEL, LLC		•
SUBJEC	: I:	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and feets) are sub	mitted for filing.	
Please ret	turn all correspo	indence concerning this matter	to the following:	
		Kerri Johnson		
			Name of Person	
		GOMO Travel, ELC		
			Firm/Company	
		712 Cape Coral Pkwy W.		
			Address	
		Cape Coral, FL 33914		
			City State and Zip Code	· · · · · · · - · · · - · · · ·
		eduardo(a/gomotravel.com		
For furthe	er information c	E-mail address: (oncerning this matter, please o	to be used for future annual report no nll:	nfication)
Eduardo		•	904 881-9331	
	Name o	f Person	Area Code Dayur	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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 Addres Registration 5		Street Address: Registration So	ection
	Division of C	orporations	Division of Co	orporations
	P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



GOMO TRAVEL, LLC

21 APR 14 AM 10: 41

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 25, 2019 and assigned Florida document number $\frac{1.19000081728}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _. Florida ___

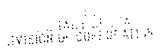
New Registered Agent's Signature, if changing Registered Agent:

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.

Ciry

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 21 APR 14 AH 10: 41	Type of Action
AMBR	Eduardo Waite	712 Cape Coral Pkwy W,	= Add
		Cape Coral, Fl. 33914	
			☐ Change
AMBR	Kimberly Bednarek	1106 Hagler Drive West	≣ Add
		Neptune Beach, FL 32266	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be	be prior to date of filing or more than 90 days after filing.) Pursuant to 60:	5.02
11 the date inserted in this block does not meet the iment's effective date on the Department of State's re-	applicable statutory filing requirements, this date will not be list ecords.	स्ट्य :
	ctive time, at 12:01 a.m. on the earlier of: (b). The 90th day after	er th
filed.		
d April 4 . 2021		
	 ·	
_ (m)		
Signature of a member of	or authorized representative of a member	

Filing Fee: \$25.00