1190000 84138

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300327052353

04/03/19--01005--009 **25.00

APPROVED FILED FILED SECRETARIES OF SAME

1:4/1/c/

COVER LETTER

	Registration Se Division of Cor					
CIID IE	Boutique Ti	ravel, LLC				
SUBJEC		Name of Lim	ited Liability Company			
		Amendment and fee(s) are submodence concerning this matter				
		Rod A. Feiner, Esq.				
		Coker & Feiner	Name of Person			
		Firm/Company 1404 South Andrews Avenue		2019 APR	***	
		Fort Lauderdale, FL 33310	Address			APPROV
	City/State and Zip Code rafeiner@coker-feiner.com E-mail address: (to be used for future annual report notification)			PN 3: 43		
For furth	er information c	oncerning this matter, please ca	•		_	
Rod A. F		f Person	954 761-3636 at () Area Code Daytimo	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
	84437	ING ADDDESS	CTDEPT(CAMP)	EB ADDBECC.		

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

Boutique Travel, LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L19000084138	ompany were filed on March 26, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Luxury Boutique Travels, LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or registered agent and/or registered agent.		APPROVED APPROVED TILED AND AND TILED THE name of the new
registered agent and/or the new registered office addr	ess nere:	
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	
	, Florida	
	Cin	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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			☐ Change
			PAdd PRemove A Company of the comp
			Change U.S.
			□ Remove
			Change
		_	□ Remove
			Change
			□ Remove
			□ Changa

D: If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		•
_		_
_		-
_		-
-		-
_		•
_		-
_		-
_		•
_		
~		
_		
		019 APR
_		PR -
_		ALED
(If an effe Note:	ve date, if other than the date of filing:	<u>ယ</u> ကို207 (2)(b)
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied 90th day after the record is filed.	er of:
Dated _	April 1 , 2019	
	Signature of a member or authorized representative of a member Rod A. Feiner	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00