L19 000096686

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	ision of Cor		41			
SUBJECT:		OR INTERNATIONAL GROU	بيہ JP LLC			
SUBJECT		Name of Lin	nited Liability Company	<u> </u>		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		MICHELLY FERREIRA				
			Name of Person			
		CAMPANA GROUPS LL	.c			
	Firm/Company					
	3023 BURTON POINT CT					
			Address			
		WAXHAW, NC 28173				
			City/State and Zip Code			
		michelly@campanagroup				
		E-mail address: (to be used for future annual report	notification)		
For further in	nformation c	oncerning this matter, please c	all:			
MICHELLY	FERREIRA	1	954 228-070	06		
1 - 1 - 1 - 1	Name o	f Person		ytime Telephone Number		
Enclosed is a	check for th	ne following amount:				
X \$25.00 F	iling 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)		
	ling Address		Street Address Registration			
		orporations	-	Corporations		
P.O	. Box 632	7	The Centre of	of Tallahassee		
Tal	lahassee, F	FL 32314	2415 N. Moi	nroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AFLOR INTERNATIONAL GROUP L	LC
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Compan	y were filed on 04/09/2019	and assigned
Florida document number L19000096686		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
TRAVEL AROUND THE WORLD LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<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 office agent and/or the new registered office address here:	address on our records, enter the nar	
N. CM. D. C. LA		2021
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u> </u>
	Cuy	Zip Gode
New Registered Agent's Signature, if changing Registered Agent	:	<u>ယ</u> —

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 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
			□Add
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			[] Change

.) Pursuant to 605.02 will not be listed
ne 90th day after th
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