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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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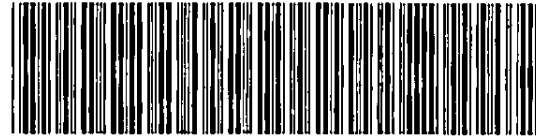
(Business Entity Name)

(Document Number)

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2019 JUL 22 PM 1:33
JUL 22 2019

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JUL 31 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Miranda Cuba Tours
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:

Kendra Miranda
Name of Person

Miranda Cuba Tours
Firm/Company

465 SW 125 terrace
Address

DAVLE FL 33325
City/State and Zip Code

kendramiranda319@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Figueroa at (954) 665-9956
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**

Miranda Cuba Tours

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 JUL 22 PM 1:33

The Articles of Organization for this Limited Liability Company were filed on 4/18/19 and assigned
Florida document number L19000106468

This amendment is submitted to amend the following:

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

Miranda All Travels 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:

(Principal office address MUST BE A STREET ADDRESS)

4605 SW 125 terrace
DAVIE FL 33325

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
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>	<u>Address</u>	<u>Type of Action</u>
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MGR	Martha Figuera	2115 Taft St Hollywood FL 33020	<input checked="" type="checkbox"/> Add
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_____ ☐ Remove

_____ ☐ Change

AMBR	Martha Figuera	2115 Taft St Hollywood FL 33020	<input checked="" type="checkbox"/> Add
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_____ ☐ Change

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[illegible]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated July 17 2019

 Signature of a member or authorized representative of a member
Kendra Miranda
 Typed or printed name of signee