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

| TO:            | Registration<br>Division of G | n Section<br>Corporations   |   |
|----------------|-------------------------------|---|---|
| CHBIC.         | Journey                       | ys Travel Partners, LLC   |   |
| SUBJEC         | ~I: <u></u>                   | Name of Limited Liability Company   | <del></del>   |
| The encl       | osed Articles                 | es of Amendment and fee(s) are submitted for filing.  |   |
| Please re      | eturn all corre               | respondence concerning this matter to the following:  |   |
|                |                               | Kathryn H. Barry  |   |
|                |                               | Name of Persor  | d for filing. e following:  Name of Person  Firm/Company  Address |
|                |                               | Journeys Travel Partners  |   |
|                |                               | Name of Limited Liability Company  of Amendment and fee(s) are submitted for filing.  pondence concerning this matter to the following:  Kathryn H. Barry  Name of Person  Journeys Travel Partners  Firm/Company  3028 Colonial Ridge Drive  Address  Brandon, FL 33511  City/State and Zip Code  journeystravelpartners@gmail.com  E-mail address: (to be used for future annual report notification)  concerning this matter, please call: |   |
|                |                               | 3028 Colonial Ridge Drive   |   |
|                |                               | Address   |   |
|                |                               | Brandon, FL 33511   |   |
|                |                               | City/State and Zip C  | iode  |
|                |                               |   |   |
|                |                               | E-mail address: (to be used for future ar   | nual report notification)   |
| For furth      | er informatio                 | ion concerning this matter, please call:  |   |
| Kathtyn        | Barry                         | 540<br>at (   | 419-5122  |
|                | Nan                           | me of Person Area Code  | Daytime Telephone Number  |
| Enclosed       | l is a check fo               | for the following amount:   |   |
| <b>□</b> \$25. | 00 Filing Fee                 | Certificate of Status Certified Cop   | y Certificate of Status & Certified Copy                          |

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

| Journeys Travel Partners, LLC  |  |                                |
|--|--|--------------------------------|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Lim  | mpany as it now appears on our record<br>ited Liability Company) | is.)                           |
| ne Articles of Organization for this Limited Liability Comp  | pany were filed on   | and assigned                   |
| orida document number L19000109070   |  |                                |
| nis amendment is submitted to amend the following:   |  |                                |
| If amending name, enter the new name of the limited  | liability company here:  |                                |
| e new name must be distinguishable and contain the words "Limited I  | liability Company," the designation "LLC                         | " or the abbreviation #L.L.C." |
| nter new principal offices address, if applicable:   |  |                                |
| rincipal office address MUST BE A STREET ADDRESS   | <u> </u>   |                                |
|  |  | 2. N III                       |
|  |  | <u>R</u> O                     |
| nter new mailing address, if applicable:   |  | <u> </u>                       |
| Aailing address MAY BE A POST OFFICE BOX   |  |                                |
|  |  |                                |
| If amending the registered agent and/or registered gistered agent and/or the new registered office address |  | s, enter the name of the       |
| Name of New Registered Agent:  |  |                                |
| New Registered Office Address:   |  |                                |
|  | Enter Florida street addre.                                      | SS                             |
|  |  | orida                          |
|  | 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>      | Address                 | Type of Action |
|--------------|------------------|-------------------------|----------------|
| AP           | James T. Barry   | 3028 Colonial Ridge Dr. |                |
|              |                  | Brandon, FL 33511       |                |
|              |                  |                         | Remove         |
|              |                  | <del> </del>            | Change         |
| MGR          | Kathryn H. Barry | 3028 Colonial Ridge Dr. |                |
|              |                  | Brandon, FL 33511       | Remove         |
|              |                  |                         | ☐ Change       |
|              |                  | <del> </del>            | □ Add          |
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|              |                  |                         | ☐ Change       |

| If amending any other inform   | ation, enter change(s) here: (Attach additional sheets, if nec  | essary.)                          |
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|  |   |                                   |
| Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | ust be specific and cannot be prior to date of filing or more than 90 days after<br>block does not meet the applicable statutory filing requirements, thi | r filing.) Pursuant to 605.0207 ( |
| the record specifies a delayon<br>The 90th day after the re  | ed effective date, but not an effective time, at 12:01 cord is filed.   | a.m. on the earlier of:           |
| Dated June 7   | 2019  |                                   |
| Kathryr  | Signature of a member or authorized representative of a member  |                                   |
|  | Signature of a member or authorized representative of a member  | <del></del>                       |
| Kathryn H. Barry   | •   |                                   |

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Filing Fee: \$25.00