119000 136599

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	acc)	
ioux)	622)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nan	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
	001100100	
Special Instructions to Fi	ling Officer:	

Office Use Only



400340597474

02/18/20-+01037-+013 *+25.00

SECRETARY OF STATE ALLAHASSEE, FLORID,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIAJES LUISA RABANAL LLC

(Name of the Limited Liab) (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
LUISA RABANAL LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	2020 I.A.L.
(Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable:	ORESS)	APR - 7 PH
(Mailing address MAY BE A POST OFFICE BOX)		9-1- N Hr. 2
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		ame of the new registered
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.

adding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added inved from our records:

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Remove
			☐ Change
		·	□Add
			□Remove
			□ Change
			INCEAPR SECRET ALLIANA
			SA DRemove
			2020APR Gemove PM SECRETARY OF STATE ORDING
			□Remove
			□Change
			□Add
			□Remove
			□ Change
	<u> </u>		
			□Remove
			□Change

	·					
				,		
						
			··			
						
			··		 _	SECRETARY
						<u> </u>
						IARY ASSE
					<u>. </u>	m _C
				<u>-</u>		
	•				<u> </u>	
			·			
	<u>.</u>		<u>-</u>			
					· · · · · · · · · · · · · · · · · · ·	
ffective date, if other that an effective date is listed, the date inserted in the locument's effective date on	ite must be specific a his block does not	nd cannot be prior meet the applica	to date of filing or able statutory fil	more than 90 days a	otional) fler filing.) Pursua this date will no	nt to 605.0207 It be listed as
record specifies a delayed e rd is filed.	ffective date, but n	ot an effective tii	me, at 12:01 a.m	on the earlier of:	(b) The 90th	day after the
Dated 03/31		1 2020	Del			
	Signature of	a member or autho	rized representati	ve of a member		

Filing Fee: \$25.00