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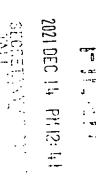
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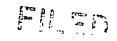


COVER LETTER

TO: Registration Section

Division of Corporations			
SUBJECT: ECVADOR GAY TO	AVEL LLC ed Liability Company		
The enclosed Articles of Amendment and fee(s) are subm	sitted for tiling		
Please return all correspondence concerning this matter to	o the following:		
JUAN C. M	Name of Person		
EWADOR	PRIDE TRAVEL		
	Firm/Company		
1737 NE ZX	6 th DR Address		
	Address		
WILTON M	City/State and Zip Code Vador Pridetravel. com be used for future annual report notification)		
• • • • •	City/State and Zip Code		
F-mail address: (to	be used for future annual report notification)		
For further information concerning this matter, please cal			
_			
JUAN C. MALDONADO Name of Person	at (407) 456-3351		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
¥ \$25.00 Filing Fee	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 DEC 14 PH 12: 41 (Name of the Limited Liability Company as it now appears on our records:) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{OS/29/19}{}$ and assigned Florida document number <u>L19000143</u>292 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ECVADOR PRIDE TRAVEL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company... the designation "LLC... or the abbreviation "LLC..." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

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.

City

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
			□∧dd
			□Remove
		.	
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□ Change
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			□Change
			□Add
			□Remove
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			□Remove
			□ Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:
the recor	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	DECEMBER 10 2021
	Signature of a member or authorized representative of a member
	JUAN C. MALDONADO DONOSO

. . . .