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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	HE TRAVEO Name of Lim	LING LOCAVO,	RES, LLC
The enclosed Articles of An	nendment and fec(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	San	IDRA R. AXEL Name of Person	ROD
	THE TI	Pirm/Company	CAVORES, LLC
	11842	DONLIN DA	RIVE
	WELLING	G TON FLORIL City/State and Zip Code	DA 33414
-	SANDY & THET E-mail address: (RAVECINGLOCA VORES to be used for future annual report notific	Sation)
For further information conc	erning this matter, please ca	all:	
SANDRA R. Name of Pe	AYELROD Troon	at (<u>561</u>) <u>644</u> C Area Code Daytime	7552 Telephone Number
Enclosed is a check for the f	ollowing 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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

TO ARTICLES OF ORGANIZATION OF

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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	- THE TRAVE	LING LOCAVORES LECT
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	(Name of the Lamited Lau (A Flo	orida Limited Liability Company)
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The Articles of Organization for this Limited Liability	y Company were filed on O6/03/2014 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Florida document number <u>L 19000 146</u>	151 LING MAIN OF STATE TALLAHASSEE, FLORIDA
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) 3. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the following	ç.
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Filorida	A. If amending name, enter the new name of the l	limited liability company here:
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the n
New Registered Office Address: Enter Florida street address Florida	registered agent and/or the new registered office a	ddress here:
New Registered Office Address: Enter Florida street address Florida		
Enter Florida street address, Florida	Name of New Registered Agent:	
Enter Florida street address , Florida	New Registered Office Address:	
	New Registered Office Address.	Enter Florida street address
		F1 '1
·		
New Registered Agent's Signature, if changing Registered Agent:	New Registered Agent's Signature, if changing Registe	

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	STEVEN P AXELROD	11942 DONLIN DRIVE	□ Add
		WELLINGTON FL 3341	Remove
			Change
			□ Add
			□ Remove
			□ Change
			□ Add
			_D Remove
			_□ Change
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Effecti	ve date, if other than the date of filing: (optional)
lfan effe	ctive date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.0207 (3
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the on the Department of State's records.
uoc (iiin	in a crecive date on the Department of State 3 records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	July 08 . 2019.
	\mathcal{A}_{\bullet} \mathcal{A}_{\bullet} \mathcal{A}_{\bullet} \mathcal{A}_{\bullet} \mathcal{A}_{\bullet} \mathcal{A}_{\bullet}
	Liter K. Weller
	signature of aginemoci of authorized representative of a memoer
	Signature of a member or authorized representative of a member
	SANDRA R. AXECROD Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00

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