119000176561

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COVER LETTER

	ation Section of Corporations			
CR SUBJECT:	UISES & TRAVEL CENTER LLC			
SUBJECT:	Name of Limited Liability Company			
	icles of Amendment and fee(s) are submitted for filing.			
Please return all o	correspondence concerning this matter to the following:			
	LUIS R. SMITH			
Name of Person TAXES USA LLC				
	TAXES USA LLC			
Firm/Company				
	11402 NW 41ST STREET SUITE 211			
	DORAL, FL 33178			
	City/State and Zip Code LM.JESSEL@GMAIL.COM			
	E-mail address: (to be used for future annual report notification)			
For further inform	nation concerning this matter, please call:			
LUIS R. SMITH	305 470-2429 at (
	Name of Person Area Code Daytime Telephone Number			
Enclosed is a che	ck for the following amount:			
■ \$25.00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status & Y		

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

CRUISES & TRAVEL CENTER I		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Elorida document number L19000176561		7/18/2019 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of	of the limited liability company h	ere:
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 appli-	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and registered agent and registered agent.	/or registered office address o	n our records, enter the man of the ne
Name of New Registered Agent:	ROSA ELOISA ALEGRIA	
New Registered Office Address:	9810 MARINA BLVD APT 113	2 orida street address
	BOCA RATON	Florida 33428-6659
	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

Page 1 of 3

· 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 **Type of Action** Address Title Name □ Add □ Remove __ Change . __ 🖸 Add ☐ Remove _____ Change ☐ Remove ☐ Change ☐ Remove ☐ Add ____ □ Remove ☐ Remove

☐ Change

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lote: If the date ins	her than the date of filinged, the date must be specific are crited in this block does not date on the Department of	meet the applicable:	e of filing or more than statutory filing require	(optional) 90 days after filing.) Pursuar ements, this date will not	nt to 605.0207 (be listed as t
e record specific The 90th day a	es a delayed effective fter the record is filed	date, but not an i.	effective time, a	t 12:01 a.m. on the	e earlier of:
october 3	Blogra	2019			
	· / * · · · · · · · · · · · · · · · · ·	1 member or authorized			

Typed or printed name of signee