10/30/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCTSMART INC D.B.A. AVILAS ACCOUNTING SERVICES

Account Number : I20180000072 Phone : (305)820-3200 Fax Number : (305)820-2998

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GARCIA'S TRAVEL AGENCY LLC

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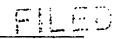
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## ARTICLES OF ORGANIZATION OF

GARCIA'S TRA	VEL.	AGENCY	LLC
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(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 L	iability Company	were filed on 07/31/2019	2019 OCT 30 P 4 3		
orida document number L19000195659		and assigned			
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here:			
The new name must be distinguishable and contain the	vords "Limited Liabi	lity Company," the designation "	LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2350 W 60TH ST SUITE 12			
(Principal office address MUST BE A STREET ADDRESS)		HIALEAH FL 33012			
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		2350 W 60TH ST SUITE 12 HIALEAH FL 33012			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	2350 W 60TH	ST SUITE 12  Enter Florida street ad	dress		
	HIALEAH		, Florida 33012		
		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

<u>Title</u>	<u>Name</u> ALICIA GONZALEZ	Address 2350 W 60TH ST SUITE 12	Type of Action
MGR	ACICIA GONZALIZZ		
		HIALEAH FL 33016	☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
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Effective date, if other than that if an effective date is listed, the date made in this is document's effective date on the late.	lock does not	meet the applica	ible statutory fili	(c more than 90 days ng requirements	ptional) after filing.) Pursuan , this date will not	t to 605.0207 be listed as
he record specifies a delaye The 90th day after the re	d effective cord is filed	date, but no	t an effective	time, at 12:0	01 a.m. on the	earlier of
Dated OCTOBER 29		2019				
		(VA)	)			
		<u> </u>	<u></u>	<del></del>		
<del></del>	Signature of :	memerijanski	rized representativ	re of a member		

Page 3 of 3

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