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## . COVER LETTER

TO:

**Registration Section** 

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Div	ision of Cor	porations		
SUBJECT:	EXQUISIT	E TRAVELS & NATURE TO	URS LLC	,
oobone i,			ited Liability Company	<del></del>
The enclosed	d Articles of	Amendment and fec(s) are sub	mitted for filing.	•
		ondence concerning this matter		
		Neil Dev Persad		
		<del>-</del>	Name of Person	
		Exquisite Travels & Nature	e Tours LLC	
			Firm/Company	<del></del>
		2101 S Ocean Drive APT	#203	
			Address	<del> </del>
		Hollywood, Florida, 33019	)	
		nicemusic@comcast.net	City/State and Zip Code	····
			to be used for future annual report not	fication)
For further in	nformation c	oncerning this matter, please co	all:	
Neil Dev Per	rsad		954 325-7712	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		Street Address: Registration Se	ction

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

2021 APR -5 A 10: 30

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXQUISITE TRAVELS & NATURE TO	OURS LLC
(Name of the Limited Li	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabili	ty Company were filed on 08/07/2019 and assigned
This amendment is submitted to amend the following	g:
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 "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	)
gent and/or the new registered office address he	ered office address on our records, <u>enter the name of the new registered</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	City Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:
provisions of all statutes relative to the proper an accept the obligations of my position as registere	A₽R ~
	If Changing Pegistered Agent Signature of New Desistered 4

It 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Betty A Persad	1340 NW 129th Ave Sunrise, FL. 33323	
			Remove
			□Change
			🗆 Add
			□ Remove
			□ Change
			□Add
			□ Remove
			🗀 Change
			□Remove
			□Change
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			DAdd APR .T
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			DChange ⊃ 5

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				<del></del> -	
Affective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the D	st be specific and cannot to ock does not meet the	applicable statutory fili	(optional) more than 90 days after filing ng requirements, this date	) Pursuant to 605,0207 will not be listed as	? (3)(b) the
record specifies a delayed effective is filed.	e date, but not an effec	ctive time, at 12:01 a.m.	on the earlier of: (b) Th	ne 90th day after the	
ated April 1st	2021	<u>)                                    </u>			2
- I full b	Signature of a member of	or authorized representativ	c of a member	<del></del> .	2021 APR
Neil Dev Persad					<del>-0</del>

Filing Fee: \$25.00