## 4000201704

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C. GOLDEN

JAN 3 0 2020

## COVER LETTER

TO: Registration Sec Division of Corp			0	
	ners Anita O'Donnell		*	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Anita O'Donnell			
		Name of Person		
	Cruise Planners			
		Firm/Company		
	2217 Fort Mellon Ct.			
	_	Address		
	St. Augustine, FL 32092			
	anita.odonnell@cruiseplann	City/State and Zip Code		
	<del>-</del>	to be used for future annual reg	ort notification)	
For further information co	oncerning this matter, please ca	all:		
Anita O'Dornell		904 342-0 at ( )	740	
Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy

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

CRUISE PLANNERS ANITA O'DONNELL, LLC		2020 111 -2 PH 5: 20
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our record liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 119000201704	were filed on August 7, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
All 4U Travel LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	or the abbreviation "L.L.C."
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 a agent and/or the new registered office address here:	nddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss

## 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

Florida \_

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>	Name	Address	Type of Action
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			Change
			□Add
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			□Change
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			□Remove
			Change
			□Remove
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			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:  [In effective date, if other than the date of filing:  [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207  [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  [Precord 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 dis filed.  [Determber 29					
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	C/M O'Da	nature of a member or author	ized representative of a mor	nher	

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