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COVER LETTER

Best at Sea	Travel and Cruises LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for tiling.	
Please return all correspor	ndence concerning this matter	to the following:	
	Thomas Drake		
	Best at Sea Travel and Cru	Name of Person uises IIv	· ·
	1946 Willow Wood Drive	Firm/Company	<u></u>
	Kissimmee, Florida 34746	Address	
	funnypaysoff@aol.com	City/State and Zip Code	
	** -	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Thomas Drake		407 973 8864	
Name of	Person	at () 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

Best at Sea Travel and Cruises LLC				
(Name of the Limited Liability C	Tompany as it now apprinted Liability Compan	ears on our records.))	
The Articles of Organization for this Limited Liability Con Florida document number This amendment is submitted to amend the following:	npany were filed on	•	and assigne	d
A. If amending name, enter the new name of the limited	d liabili <u>ty company</u>	here:		
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)		ne designation "LLC" (or the abbreviation "L.L.C."	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2019 AUG 26 PH SECTALLAHASSE	. jj
B. If amending the registered agent and/or registered agent and/or the new registered office address		on our records,	n em	
Name of New Registered Agent:			_	
New Registered Office Address:	Enter i	Florida street address		
		Flor		
	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 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

<u>or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thomas Drake	1946 Willow Wood Drive Kissimmee, Florida 34746	_B Add
			□ Remove
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recu	ve date, if other than the date of filing: (optional) ctive 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
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	ent's effective date on the Department of State's records.
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	90th day after the record is filed.
HIC	John day diter the record is filed.
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	August 20, 2019
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	Trans B Drah
	Signature of a member or authorized representative of a member
	T1 = = = = = = = = = = = = = = = = = = =
	Thomas B. Diake Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00