

LI9000 221 625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

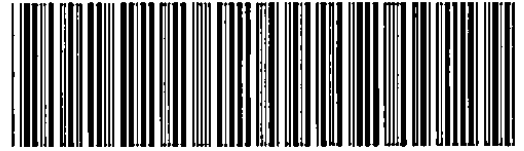
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



20033431923

09/20/19--01029--019

R. WHITE
OCT 04 2019

2019 SEP 20 PM 12:34

TO: Registration Section
Division of Corporations

SUBJECT: Minutella Travels LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Terrill
Name of Person

Minutella Travels LLC
Firm/Company

1000 West Ave, Apt 325
Address

Miami Beach, FL 33139
City/State and Zip Code

angela@minutellatravels.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Terrill at (414) 659-3442
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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 ORGANIZATION
OF**

Minutella Travels LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2019 Sept 20 2019

The Articles of Organization for this Limited Liability Company were filed on Sept 12, 2019 and Florida document number L19000221625.

This amendment is submitted to amend the following:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13727 SW 152nd St.

PMB 30373

Miami, FL 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13727 SW 152nd St.

PMB 30373

Miami, FL 33177

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City **Florida**

Zip Co

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 co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this de being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liat company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered A

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/> /
_____	_____	_____	<input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> /
_____	_____	_____	<input type="checkbox"/> F
_____	_____	_____	<input type="checkbox"/> C
_____	_____	_____	<input type="checkbox"/> A
_____	_____	_____	<input type="checkbox"/> R
_____	_____	_____	<input type="checkbox"/> CI
_____	_____	_____	<input type="checkbox"/> Ac
_____	_____	_____	<input type="checkbox"/> Rc
_____	_____	_____	<input type="checkbox"/> CI
_____	_____	_____	<input type="checkbox"/> Ac
_____	_____	_____	<input type="checkbox"/> Rc
_____	_____	_____	<input type="checkbox"/> CI
_____	_____	_____	<input type="checkbox"/> Ac
_____	_____	_____	<input type="checkbox"/> Rc
_____	_____	_____	<input type="checkbox"/> Ch

Lined area for text entry.

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an 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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea
(b) The 90th day after the record is filed.

Dated Sept 17, 2019 . _____

Angela Terrill
Signature of a member or authorized representative of a member

Angela Terrill
Typed or printed name of signee