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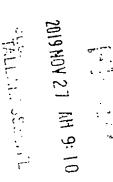
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Rep Div	gistration Section ision of Corporations	ī	
SUBJECT:	B'Jae Tours LLC.	•	
	Name o	f Limited Liability Company	
The enclosed	Articles of Amendment and fee(s) are	Submitted for Fline	
Please return	all correspondence concerning this ma	itter to the following:	
	Jackie Roberts		
	B'Jae Tours	Name of Person	
	900 Old Combee Rd. L	Firm/Company ot #131	:
	Lakeland, FL 33805	Address	
	bjaetours@aol.com	City/State and Zip Code	
or further info	E-mail address rmation concerning this matter, please	: (to be used for future annual report not	ification)
ackie Roberts		678 707-3136	•
Name of Person		at ()	e Telephone Number
nclosed is a che	eck for the following amount:		
\$25.00 Filing		□ \$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 P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabasess Ft 22201 Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B'Jae Tours, LLC.		
(Name of the Limited Liability Co. (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
ne Articles of Organization for this Limited Liability Composition orida document number L19000246910	any were filed on October 1, 2019	and assigned
his amendment is submitted to amend the following:	•	
. If amending name, enter the new name of the limited l	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" o	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	)	
		619 1019
		15 NOV T
nter new mailing address, if applicable:	_	五 2 Pm
Mailing address MAY BE A POST OFFICE BOX)		
I. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our records, g here:	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Flori	
	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

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

Title	<u>Name</u>	Address	
AMBR	Patricia Strobridge/ C.E.O.	900 Old Combee Rd. # 131 Lakeland, FL 33805	Type of Action
		33803	
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			□ Change
			□ Add
			□ Remove
			□ Change
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			Remove
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Patrica Strobridge is	<del></del>					<u> </u>	
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fective date, if other tha	n the date of GL	11/19/2019					
n effective date is listed, the d	ate must be specific o	and cannot be prior to	o date of fili	ng or more that	(option 90 days after fil	. "	15 <b>0207</b>
ote: If the date inserted in cument's effective date on			ble statutor	ry filing requ	rements, this d	ate will not be lis	sted as
	D vpamient o	Totale siecolds.					
record specifies a de	laved effective	date but not	an effec	tivo timo	ah 13.01		
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Och		78	<del>, _ ,</del>				
Jack	Signature of	a member or authori	ized represe	ntative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00