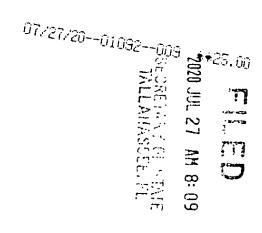
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(Req	uestor's Name)	
bbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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D. BRUCE SEP 16 2020

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: My	TRAVEL OF Name of Limit	TIDNS LLC	_ 0	
	Amendment and fee(s) are submodence concerning this matter			
	JUNE	PRANICH Name of Person		
	MYTRAVE	Pirm/Company	LLC	
	2091 R	USH BAY W	AK/	
	OPLANT JUNE KRA	OF 3383 City/State and Zip Code WKH CYAHO to be used for future annual report no	1 Correction)	
For further information co	oncerning this matter, please ca	•		
JUNE K	2ANICH	at (407) 92°	7-0154 AR Elephone Number A El	e e e e e
Enclosed is a check for th	ne following amount:		ASCIELL	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration S Division of Co The Centre of	orporations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our reted Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
Florida document number		
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 L	ciability 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	<u> </u>	<u> </u>
		<u>.</u>
		2020 SES T/
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		200
B. If amending the registered agent and/or registered off	ice address on our records, <u>e</u>	nter the name of the new regist
gent and/or the new registered office address here:		0.9
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
		, Florida
<del></del>	City	

## 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 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>	<u>Name</u>	Address	Type of Action
<u>mbr</u>	JUNE RRANKH	0091 RUSH BAY WAY 0021, FL 32824	□Add
		OPL, FL 328241	□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
		ALLARASSELFE	Change Change
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ective date, if other than the date of filing:		(optio	nal)		
n effective date is listed, the date must be specific and cannot be prior te: If the date inserted in this block does not meet the applic	able statutory filing				
cument's effective date on the Department of State's records.					
ecord specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. o	n the earlier of: (b)	) The 90	th day after	the
is filed.					
ted JVLY DOM 2000					
acut Company	<del></del> ·				
		t'a mambar			
<ul> <li>Signature of a member or author</li> </ul>					