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2024 JUN 13 PM 2: 55 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: MV	TEAVEL OPTIC	MS UC	
1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUNE KR	AWICH Name of Person	
	My Teav	FL OPTIONS Firm/Company	
	2091 Rus	SH BOYWAY Address	
	ORLAND	9 FC 32824 City/State and Zig Code	
	JUNE KRA	to be used for future admual report noti	SECRETARY OF STATE OF
For further information of	oncerning this matter, please ca	all:	750 F
JWE KRAD Name o	VICH f Person	at (407) 929 - Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY TRAVEL OPTIONS LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	<u>nv as it now appears од our records.</u>) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L190002601658</u>	were filed on 10 18 3019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words "Limited Liabil."	·
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2091 RUSH BAY WAY ORLANDO, FL 32824
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:	address on our records, enter the name of the new registered
Name of New Registered Agent:	2
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
at the first of the second Amenda	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective date is list ote: If the date inse	ed, the date must be speci crted in this block does	fic and cannot be price on the meet the appli	or to date of filing or n cable statutory filir	nore than 90 days aftong requirements, th	er filing.) Pursuant to 605.020 is date will not be listed a
ocument's effective	date on the Departmen	nt of State's record	S.		
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