

(((H21000115428 3)))



H210001154283ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

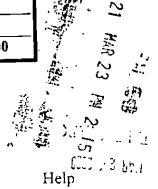
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		 	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAZARO TRAVEL LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAZARO TRAVE (Name of the Limited Clobili (A Florida	ty Company as it now appears a Limited Liability Company)	on our records)	·····	
The Articles of Organization for this Limited Liability C Florida document number 1,19000262916	Company were filed on O	etober 21, 2019	and	d assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the him	ited llability company he	re:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation."LLC" or t	he abbreviatio	n "L.JC."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDI	RESS)			
Enter new mailing address, if applicable:				
(Mailing uddress MAY BE A POST OFFICE BOX)				· · · · · · · · ·
			21	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our ro	ecords, enter the	name of the	* 1
Name of New Registered Agent:		est e	- 32	
New Registered Office Address:	Enter Flor	idà street address	\$ 5	
		. Florida	-	
	City	, 2 10710	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.

it 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	Name	Address	Type of Action
MGR	NATACHA HERRERA	3851 NW 125 St.	
		Opa Locka, FL 33054	□ Remove
			☐Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
***************************************			□Add
			□Remove
		· ·	Change
			□Add
			□Remove
			Change
			DAùd
			Remove
		<u> </u>	Ghange
			□Add
		· water against the same of th	□Remove
			□ Changia

			· · · · · · · · · · · · · · · · · · ·			
	<u> </u>					
			·			
	· · · · · · · · · · · · · · · · · · ·					
						
						
			· · · · · · · · · · · · · · · · · · ·			
	···				<u>.</u>	
			-			
			······································			
			 		· 	
					····	
	-					
*****		~~~~ -				
	·					
						
		×		······································		
				 -	·	
Note: If th	late, if other than c date is listed, the date the date inserted in the s effective date on the	: must be specific : is block does no	and cannot be prior	to date of filing o	(option more than 90 days after this requirements; this	onal) : filing.) Pursuant to 605.0201 s date will not be listed as
e record spend is filed.	ecifies a delayed effe	ective date, but r	not an effective ti	me, at 12:01 a.	n. on the earlier of: (b) The 90th day after the
Dated MA	ARCH 22		2021	<u> </u>		
	- Po	Zeto la	1			
•	<i></i>	 Signature of 	a member or author	orized representa	ive of a member	