

L19000262916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

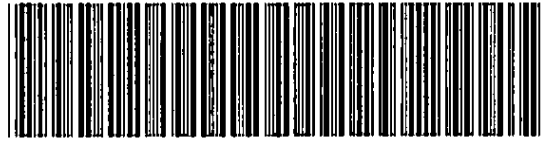
(Business Entity Name)

(Document Number)

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2022 NOV -9 AM 8:16
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STATE OF TEXAS

A. BUTLER
FEB - 2 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAZARO TRAVEL 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:

NATACHA HERRERA

Name of Person

Firm/Company

3861 NW 125 ST

Address

OPALOCKA FLORIDA 33054

City/State and Zip Code

NINISEAFOOD2019@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATACHA HERRERA

at (786) 3950779

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAZARO TRAVEL LLC

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

2022 NOV -9 AM 8:16

The Articles of Organization for this Limited Liability Company were filed on 10/19/2019 and assigned
Florida document number L19000262916

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NINI & NATY TRAVEL LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3863 NW 125 ST OPALOCKA FLORIDA 33054

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3863 NW 125 ST OPALOCKA FLORIDA 33054

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: NATACHA HERRERA

New Registered Office Address: 3863 NW 125 ST

Enter Florida street address

OPALOCKA FLORIDA, Florida 33054

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LAZARO LEON	3861 NW 125 ST OPALOCKA FLORIDA 33054	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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