# 119000285902

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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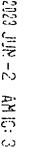
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## **COVER LETTER**

TO: Registration S Division of Co		•	•			
	•					
	re Travel Companion, LLC					
	Name of Lim	ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
	ondence concerning this matter					
	Robin Richter					
	<del></del>	Name of Person	<del></del>			
	All in Travel Agency, LLC	:				
	Firm/Company					
	1809 S. Bay St.					
		Address				
	Eustis, FL 32726-5666					
	robin@allintravelagency.co	City/State and Zip Code				
		to be used for future annual repor	rt notification)			
For further information	concerning this matter, please c	all:				
Robin Richter		813 500-28	19			
Name	of Person		raytime 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Addre				
Registration Division of 0	Section Corporations	Registration Section Division of Corporations				
P.O. Box 63	27	The Centre	of Tallahassee			
Tallahassee	FI 32314	2415 N. Ma	onroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	n 11/18/2019 and assigned
lorida document number L19000285902	
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability compa	ı <u>v here</u> :
All in Travel Agency, 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:	
Principal office address MUST BE A STREET ADDRESS)	
inter new mailing address if annlicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on o	ur records, enter the name of the new registe
Mailing address MAY BE A POST OFFICE BOX)   3. If amending the registered agent and/or registered office address on o	12 1
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on o	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on o	12 1
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on ogent and/or the new registered office address here:  Name of New Registered Agent:	12 1
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered office address on a gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	12 1
New Registered Office Address:	2000年5000

#### 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>	Type of Action
MGR	Robin G Richter	1809 S. Bay St.	
		Eustis, FL 32726-5666	□Remove
			☐ Change
MGR	Timothy B Totten	1809 S. Bay St.	□Add
		Eustis, Fl. 32726-5666	≣Remove
			□ Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change

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ffective date, if other than the an effective date is listed, the date in			optional (optional	
ote: If the date inserted in this ocument's effective date on the	block does not meet the ap	plicable statutory filin		
e record specifies a delay The 90th day after the re	ed effective date, but ecord is filed.	not an effective t	ime, at 12:01 a.m	. on the earlier of
ated May 29	2023	·		
ated May 29	Signature of a member or a	uithorized marcontarios	of a momber	

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Filing Fee: \$25.00