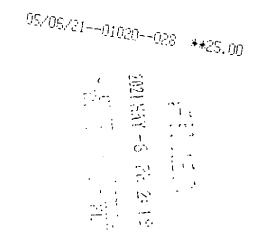
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COVER LETTER

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eun mer	LATINOA	MERICA SPORTS TRAVEL	LLC	
SUBJECT	·	Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Lionel Kaminsky		
			Name of Person	1 - J 1 - J 1 - J
		LST Hospitality Group L1	LC	
			Firm/Company	
		1503 Tawnyberry Ct		
			Address	12 E
		Trinity, FL 34655		11 B
			City/State and Zip Code	
		latinoamericasportstravel@	gmail.com	
		E-mail address: (to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
Lionel Kan	ninsky		954 470-7438 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	S30.00 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)
	ailing Addres egistration S		Street Address:	action
	_	Section Corporations	Registration Se Division of Co	
	O. Box 632		The Centre of	
Ta	llahassee, I	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATINOAMERICA SPORTS TRAVEL LLC

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

The Articles of Organization for this Limited Liability Comp	any were filed on 01/01/20	020 and assigned	
Florida document number L.20000008838	· —		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
LST Hospitality Group LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	ition "LLC" or the abbreviation "L.L.C." \[
Enter new principal offices address, if applicable:		1 1	
(Principal office address MUST BE A STREET ADDRESS		., 111	
Enter new mailing address, if applicable:		j. 10	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ce address on our record	ls, enter the name of the new registered	
	Enter Florida str	eet address	
		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my a as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			🗆 Add
			□ Add
			Change
			□ Add
			□Remove
			□Change
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ffective date, if other than an effective date is listed, the date sote: If the date inserted in thi ocument's effective date on the	must be specific and can s block does not meet	mot be prior to date of the applicable sta	f filing or more than 0	(optional) 0 days after filing.) Pursu ments, this date will no	ant to 605.020' ot be listed as
record specifies a delayed effect is filed.	ctive date, but not an	effective time, at 1	2:01 a.m. on the ear	rlier of: (b) The 90th	day after the
ated May 3rd					
ain					

Filing Fee: \$25.00