LZO 0000 14576

(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	- Off:	
Special Instructions to I	-iling Officer:	

Office Use Only

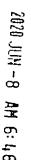


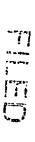
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9. YOUNG





COVER LETTER

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TO: Registration Section

Division of Corporations			
SUBJECT: Chang	ng address for Key	West Luxury Travel	ilc
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		ny Elagaty. Name of Person	
	Key West L	Luxury Travel LIC	
		er Avenue Sile #	
	Mey West Admin @ Keyu	, FL 33040 City/State and Zip Code Jest Luxury travel. Cook to be used for future annual report notified.	UM (ication)
For further information c	oncerning this matter, please ca		
H a m Name o	y Elagaty f Person	at (305) 767 - Arca Code Daytime	SO49 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	泫 \$ 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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key West Luxury Travel L	IC 器等主管
Key West Luxury Trave (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 20000 IU5 36</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2011 Flagler Avenue site #32 Key West, Fl 32040
(Principal office address MUST BE A STREET ADDRESS)	Key West, Fl 32040
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2011 Flagle: Avenue Suite # 32 Rey West, FL 33040
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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>	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
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			□Remove
			□Change
			□Add
			□ Remove
			FIChange

(If an e Note:	tive date, if other than the date of filing:
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	06/03/2020
	Signature of a member or authorized representative of a member
	f
	Hany Tzlagaly Typed or printed name of signee

Filing Fee: \$25.00