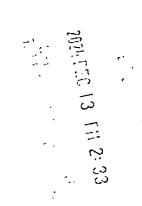


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(Do	cument Number)	·
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Hany Elagaty		
		Name of Person	
	Key West Luxury Travel, I		
		Firm/Company	
	422 Fleming Street		
	***************************************	Address	·· ····
	Key West, FL 33040		
		City/State and Zip Code	
	admin@keywestluxurytrave	el.com to be used for future annual report notif	Tookian
			icanon)
For turther information	concerning this matter, please concerning		
Hany Elagaty		at () 767-8049 Area Code Daytime	
Namo	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for	the following amount:		
	☐ \$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)
<u>Mailing Addr</u>		Street Address:	
Registration	Section Corporations	Registration Sec Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Key West Luxury 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 Company were filed on $^{01/21/2020}_$ and assigned Florida document number L20000014576 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 422 Fleming Street, Key West, FL 33040 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 422 Fleming Street, Key West, FL 33040 Enter new mailing address, if applicable: (Muiling 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: New Registered Office Address: Enter Florida street address , Florida

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>	Name	Address	Type of Action
MR	Hany Elagaty	422 Fleming Street, Key West, FL 33040	🖼 Add
		3706 N Roosevelt Blvd, Suite 208, Key West, I	FL 33040 Remove
		****	□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			🗆 Add
			□ Remove
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			□Change

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Effect If an ef	five date, if other than the date of filing:
docun e recoi	rd 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 fied.
docun e recoi rd is fi	iled.
docun e recoi rd is fi	12/6/2024,
docun e recoi rd is fi	iled.

Filing Fee: \$25.00