L20000015394

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COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration Se Division of Cor			
T	TRAVEL, TOURS AND CRU	ISES, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LISA OSWELL		
		Name of Person	
		Firm/Company	
	8527 Granpaw Court		
		Address	
	Jacksonville, FL 32220		
	lisa.a.oswell@gmail.com	City/State and Zip Code to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca		incarron)
Lisa Oswell		904 612-3022 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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 Addres	- '	Street Address: Registration Sec	etion
Registration S Division of C		Division of Cor	
P.O. Box 632		The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OSWELL TRAVEL. TOURS AND CRUIS		
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000015394	Company were filed on January 8 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
L. OSWELL, LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
 -		r 2
	-	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register	ed office address on our records, enter the r	ame of the new registere
agent and/or the new registered office address here		£.
		- m - m
Name of New Registered Agent:		. 2
		. - 53
New Registered Office Address:	Enter Florida street address	
 	, Florida	Zip Code
	City	zaji com

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
			□Add
			□Remove
			Change
			🗖 Add
			□Remove
			□Change

fan effective date is li Note: If the date in	other than the date of filing:	0207 ed as
record specifies a d	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
June 18 Dated	2021	
/aicu		
RV.	2a + Zu DC	
_ rv.	Ja Charle Signature of a member or authorized representative of a member	