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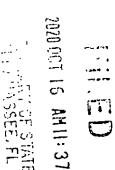
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COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Nou Kapab Travel Compan-	1, LLC
Name of Limited Liability Comp	алу
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
_	
Please return all correspondence concerning this matter to the following:	
Ellena Vasiser	2 - Hoald
Edlene Kaeiser Name of Per	son
Shrilan Multi-Rising	ess Services + Mone, UC
Firm/Compa	my
2501 Brickell Ave	
Address	
11 A 1	
Michai, FL 33 DG City/State and Zip Elacisen Q quas E-mail address: (to be used for future	
City/State and Zip) Code
Eline Sen & guin	1. Com
	annual report notification)
For further information concerning this matter, please call:	
2 1/ 1/	
Edlere Kueßer-Hoult at 365 Name of Person Area Coo	<u> </u>
Name of Person Area Coe	le Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	_
(additional cop	
	(additional copy is enclosed)
Mailing Address: Str	reet Address:
Dirit Ada .	egistration Section
B A B 44	vision of Corporations
TO U. I. The species of the species	ne Centre of Tallahassee
24 Z4	15 N. Monroe Street, Suite 810

Tallahassee, FL 32303

L20000040824

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NOU KAPAB TRAVEL COMPANY, 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 FEBRUARY 14,2020 and assigned

A. If amending name, enter the new name of the limited lia	ability company here:
The Life BEFORE + AFTER ACTION The new name must be distinguishable and contain the words "Limited Liab	GENCY IIC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N
	20 00
Enter new mailing address, if applicable:	
B abhienoici	
	7 5 5
	A SSE
(Mailing address MAY BE A POST OFFICE BOX)	A SSEE ST
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	A SSEE ST
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(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	A SSEE ST
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new register
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new register

company has been notified in writing of this change.

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
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		····	□ Remove
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document's effective date	on the Department of St	ate's records.			
record specifies a delayer	effective date, but not a	in effective time, at 12-0	ll a me on the parties of t	(b) The OMb dec. (c)	Δ
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