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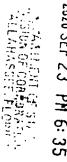
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S. YOUNG

COVER LETTER

TO: Registration Section **Division of Corporations**

DESTINATION FESTA, LLC

SUBJECT:		William Figure 1	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cesmarie Irizarry Velez		
	-	Name of Person	
	NATIV JOURNEY, LLC		
		Firm/Company	
	1236 Lost Key Pl		
	·	Address	
	Tampa, FL 33612		
	destinationfestallc@gmail.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Cesmarie Irizarry Velez		813 927-0178	
		at ()	
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTINATION FESTA, LLC

(<u>Name of the Limited Lia</u> (A Flo	ability Company orida Limited Lia	as it now appears on ou bility Company)	ir records.)
The Articles of Organization for this Limited Liabilit Florida document number	ty Company w 	ere filed on MARCH	9TH, 2020 and spigned
This amendment is submitted to amend the following	. .		
A. If amending name, enter the new name of the	limited liabili	ty company here:	
NATIV JOURNEY, LLC			
The new name must be distinguishable and contain the words	Limited Liability	Company," the designati	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1236 LOST KEY PL	
		TAMPA, FL 33612	
		PO BOX 48414 TAMPA, FL 33646	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		dress on our records	s, <u>enter the name of the new registere</u>
Name of New Registered Agent:	CESMARIE IRIZARRY VELEZ		
New Registered Office Address: 1236 LOST KE		PL,	
		Enter Florida stre	et address
TV	AMPA		, Florida 33612
_		City	Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		

Thereby 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 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>	<u>Address</u>	Type of Action
AMBR	TATIANA CANO	2753 STARGATE ST	
			= Add
		LAS VEGAS, NV 89108	
		·	□Remove
			□Change
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Chana

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated _ SEPTEMBER 16th 2020 Cesmarie Irizarry Velez Typed or printed name of signee