

L20000 130686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

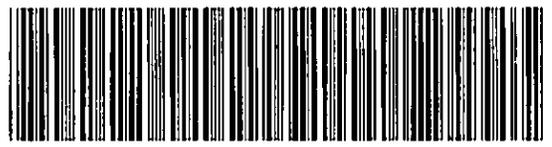
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: My Travel Pro, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo Johnson

Name of Person

My Travel Pro, LLC

Firm/Company

15 Juniper Trail Run

Address

Ocala, Florida 34480

City/State and Zip Code

mytravelprollc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jo Johnson

352

470-0567

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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>	<u>Type of Action</u>
CBO	Zarak J. Khan		<input type="checkbox"/> Add
		2121 Arsenal Street, St. Louis. MO 63118	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CCO	Myra J. Khan		<input type="checkbox"/> Add
		15 Juniper Trail Run, Ocala, FL 34480	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Email address for registered agent: mytravelprollc@gmail.com

Primary phone number for registered agent: 352-470-0567

(Secondary phone number for registered agent: 352-454-6592)

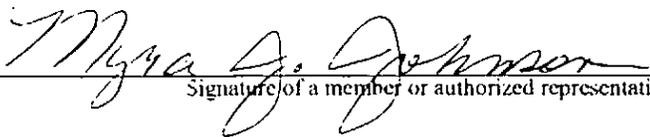
E. Effective date, if other than the date of filing: _____ (optional)

(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 June 16, 2020



Signature of a member or authorized representative of a member

Myra J. Johnson

Typed or printed name of signee