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## **COVER LETTER**

Division of Corporations			
SUBJECT: UNFORGETTABLE LUXINAME OF	LING TRAVEL, LLC	·	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.		
Please return all correspondence concerning this made	tter to the following:		
ERIC N. N	Name of Person		
UNFORGETTAB	E LUXUMY TRAVEL	, LLC	
6805 Com	MERCIAL BIVD #210 Address	<del> </del>	
	City/State and Zip Code		
E-mail address	MA.L. Com ss: (to be used for future annual report notif	fication)	
For further information concerning this matter, pleas	se call:		
ERIC MILLER Name of Person	at (754) 224- ( Area Code Daytime	0282. e Telephone Number	
Enclosed is a check for the following amount:			
☐ \$25.00 Filing Fee	□ \$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	Street Address		

### Mailing Address:

TO:

Registration Section

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**

ARTICLES OF C	ORGANIZATION 3
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UNFORGEHABLE LUXURY (Name of the Limited Liability Comp. (A Florida Limited	TRAVEL LLC  any as it now appears on our records.) Liability Company)  were filed on 06-24-2020 and assigned
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 06-24-2020 and assigned S
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  \[ \frac{\sqrt{\A}}{\A} \]  The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable:	6805 COMMERCIAL BIVD
(Principal office address MUST BE A STREET ADDRESS)	#210
	#210 TAMARAC, FL 33319
Enter new mailing address, if applicable:	6805 Commercial BIVD
(Mailing address MAY BE A POST OFFICE BOX)	<u> #210</u>
	H210 TAMARAC, FL 33319
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: ERic	Miller
New Registered Office Address: 6805 C	UMMERCIAL BIVD, #210 Enter Florida street address
TAMARI	City, Florida 33319 Zip Code
	•

#### 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
AR_	DANIELLE B. DAVIS	6805 COMMERCIAL BILL # 209	□Add
		TAMARAC, FL 33319	X Remove
			□Change
MGR	Kimberly N. Hubbard	6805 COMMERCIAL BIVE HZOG	- □Add
		TAMARAC, FL 33319	Remove
			□Change
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	(b) The 90th day after the
Signature of a member or authorized representative of a member	
ERIC MILLER Typed or printed name of signee	