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(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
	<u> </u>	

Office Use Only



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COVER LETTER TO: Registration Section

Programme 10: Registration Sec Programme 10: Division of Corp.			
SUBJECT:	hasing Sc Name of Limi	onsets Travel ited Liability Company	Agency L
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Debr	Name of Person	
	1000 Aba	Firm/Company Address Address	e. 1/pt/100
	Apopka, debirot	City/State and Zip Code Code	malo Com
For further information co	ncerning this matter, please co	ıll:	
Deb C. Name of	Roth	at (\$\frac{\delta \cdot 3}{\text{Area Code}} \text{ \text{Daytime}}	: Telephone Number
Enclosed is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	ets Travel	Agency U.S.
(Name of the Limited Liability Con (A Florida Limit	ed Liability Company)	,
The Articles of Organization for this Limited Liability Compa	any were filed on1	2030 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li		n "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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	t address
		, Florida
	Citv	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 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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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n effe <u>te:</u> I	re date, if other than the date of filing:
cord	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 d.
ted_	July 17, 2020
	Do hic Rath
	Signature of a member or authorized representative of a member