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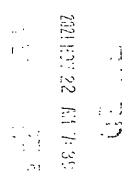
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A. BUTLER
DEC 1 3 2021

COVER LETTER

011D 1D 00		TRAVEL LLC		
SORIEC	l:	Name of Lim	ited Liability Company	
TO: Registration Section Division of Corporations Name of Limited Liability Company ANGELES TRAVEL 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: ANNY MURCIA BRAVO Name of Person ANGELES TRAVEL LLC Firm/Company 3928 SE 58TH AVE Address OCALA FLORIDA 34480 City/State and Zip Code ANGELESTRAVELLLC@GMAILCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANNY MURCIA BRAVO Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (sudditional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. Montroe Street, Suite 810				
		ANNY MURCIA BRAVO		
			Name of Person	
		ANGELES TRAVEL LLC		
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			Address	
	OCALA FLORIDA 34480 City/State and Zip Code ANGELESTRAVELLLC@GMAIL.COM			
			City/State and Zip Code	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



OF

2021 EDY 22 MM 7: 39

(Name of the Lim	(A Florida Limite	pany as it now appears on our recored Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited I Florida document number L20000181219		ny were filed on 6/29/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited lis	ability company here:	
The new name must be distinguishable and contain the	words "Limited Lia	ability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3928 SE 58TH AVE OCALA FLORIDA 34480	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		3928 SE 58TH AVE OCALA	FLORIDA 34480
(<u>Mailing address MAY BE A POST OFFICE</u>	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.	-	e address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	ANNY MURCIA BRAVO		
New Registered Office Address:	3928 SE 58T	H AVE Enter Florida street addre	ANS
	OCALA		lorida ³⁴⁴⁸⁰

New Registered Agent's Signature, if changing Registered Agent:

ANGELES TRAVEL LLC

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	
ANNY MURCIA BRAVO		

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