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		ORIEKAP	TRAVEL LLC		
SUBJ	ЕСТ:		Name of Lim	ited Liability Company	
The er	nclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all	l correspor	ndence concerning this matter	to the following:	
			Avri Ben-Hamo, Esq.		
	CORIEKAP TRAVEL LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: Avri Ben-Hamo, Esq. Name of Person Ben-Hamo Law, PLLC Firm/Company 2701 NW Boca Raton Blvd., Suite 207 Address Boca Raton, FL 33431 City/State and Zip Code avri@benhamolaw.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: old Kaplan Name of Person Name of Person Name of Person S25.00 Filing Fee Certificat of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				
			AP TRAVEL LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: Avri Ben-Hamo, Esq. Name of Person Ben-Hamo Law, PLLC Firm/Company 2701 NW Boea Raton Blvd., Suite 207 Address Boca Raton, FL 33431 City/State and Zip Code avri@benhamolaw.com E-mail address: to be used for future annual report notification) of concerning this matter, please call: of Person at (1) Area Code To Person at (2) Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Registration Section Corporations The Centre of Tallahassee		
			<u> </u>	SELLIC Name of Limited Liability Company ent and fee(s) are submitted for filing. oncerning this matter to the following: Ben-Hamo, Esq. Name of Person Hamo Law, PLLC Firm/Company NW Boca Raton Blvd., Suite 207 Address Raton, FL 33431 City/State and Zip Code benhamolaw.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (1/4) Area Code Daytime Telephone Number ing amount: 0.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee rifficate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
			2701 NW Boca Raton Blvd		
				Address	
			Boca Raton, FL 33431	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: if Ben-Hamo, Esq. Name of Person h-Hamo Law, PLLC Firm/Company If NW Boca Raton Blvd. Suite 207 Address a Raton, FL 33431 City/State and Zip Code @benhamolaw.com E-mail address: to be used for future annual report notification) Ing this matter, please call: at (Area Code Area Code Daytime Telephone Number wing amount: 30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee	
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	P.O. 1	Box 632°	7		
	Tallal	hassee, F	L 32314	2415 N. Monroe Street, 1	Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CORIEKAP TRAVEL LLC		
(Name of the Lin	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Florida document number L20000218573	Liability Company were filed on $\frac{0}{2}$	7/24/2020 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	2023 1. L. X
(Principal office address MUST BE A STRE	ET ADDRESS)	SET OF THE PROPERTY OF THE PRO
Enter new mailing address, if applicable:		LONG TO SERVICE STATE OF THE S
Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our ess here:	records, enter the name of the new register
Name of New Registered Agent:	Ben-Hamo Law, PLLC	
New Registered Office Address:	2701 NW Boca Raton Blvd., Sui	te 207
	Enter Flo	orida street address
	Boca Raton	, Florida ³³⁴³¹
	City	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>	<u>Address</u>	Type of Action
MGR	KAPLAN, CORIE S	601 N. CONGRESS AVE	□Add
		DELRAY BEACH, FL 33445	` ≡ Remove
			☐ Change
MGR	KAPLAN, JERROLD	601 N. CONGRESS AVE	
		DELRAY BEACH, FL 33445	□Remove
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