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COVER LETTER

TO: Registration Section Division of Corporations Disnerd Travel, LLC SUBJECT: 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: Leesa Williams Name of Person Disnerd Travel, LLC Firm/Company 14512 Old Cabernet Circle #101 Address Winter Garden, FL 34787 City/State and Zip Code leesa@disnerdtravel.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Leesa Williams 407 750-7625 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: \$25,00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy radditional 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

Disnera Travel, ILC

(<u>Name of the Limited Lia</u> (A Flo	hility Compa rida Limited l	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Florida document number 1,20000218682	y Company 	were filed on May 13, 2020	and assigned
This amendment is submitted to amend the following	.:		
A. If amending name, <u>enter the new name of the l</u>	imited liab	ility company here:	
365 Travel Company, Limited Liability Company			
The new name must be distinguishable and contain the words "I	Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		315 Grand Magnolia Ave	
		Unit 214	
		Celebration, FL 34747	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		315 Grand Magnolia Ave	
		Unit 214	
		Celebration, FL 34747	
3. If amending the registered agent and/or registengent and/or the new registered office address her	<u>e</u> :		ame of the new regis
Name of New Registered Agent:	esa Williams 		
New Registered Office Address: 315 Grand Mag		molia Ave Unit 214	\mathcal{O}
		Enter Florida street address	۲۰۰
Ce	lebration	, Florida 34747	
-		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>	Address	Type of Action
MGR	Leese Williams	315 Grand Magnelia Av	<u> </u>
		Urit 214	□Remove
		Unit 214 Celebration FL 34747	≡ Change
			□Add
			□Remove
			🖸 Change
			GAdd
			DRemove
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			□Add
			□Remove
			Change
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			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 (fling.) 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. March 23 Dated __ signature of a number or authorized representative of a member Leesa Williams

Typed or printed name of signee