

120000257611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

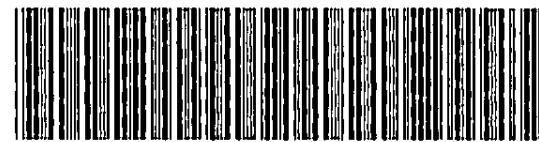
(Business Entity Name)

(Document Number)

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2021 JUN 26 PM 5:05
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRAVEL WIN ASSIST 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:

ALVEIRO VALENCIA

Name of Person

Firm/Company

Address

2541 ARAGON BLVD , APT 207

City/State and Zip Code

SUNRISE,FL 33322

E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

ALVEIRO VALENCIA

Name of Person

786 4433269

at (_____
Area Code

Daytime Telephone Number

posed is a check for the 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

TRAVEL WIN ASSIST LLC

2021 JAN 26 PM 5:05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/20/2020 and assigned Florida document number L20000257611.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the laws of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

Person(s) authorized to manage, enter the title, name, and address of each person being added

to our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>2021 JAN 26 PM 5:05</u>	<u>Type of Action</u>
MGR	ALEJANDRA MARIA MEZA SIL	4791 W SAMPLE RD APT 305 COCONUT CREEK, FL 33322		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ALVEIRO VALENCIA	2541 ARAGON BLV APT 207 SUNRISE, FL 33322		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JAN 26 PM 5:05

2014-2015

2021 JAN 26 PM 5:05

01/22/2020
effective date, if other than the date of filing: _____ **(optional)**
(If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) 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.

word 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 filing.

01/22/2020

 Signature of a member or authorized representative of a member

DORIS GARCIA

Typed or printed name of signee