

L20 000 291235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

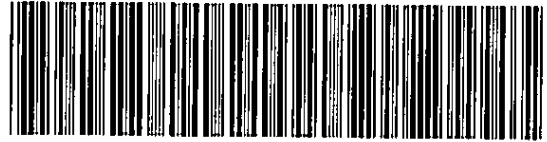
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800346068578

10/02/20--01017--019 \*\*30.00

RECEIVED  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

2020 OCT 12 PM 1:05

FILED

NOV 9 2020

M. SOLOMON

TO: Registration Section  
Division of Corporations

SUBJECT: Reservations Xpress 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:

Myriam Cobo-Bourouaisse  
Name of Person

Reservations Xpress  
Firm/Company

PO Box 642  
Address

Hallandale Beach, FL 33008  
City/State and Zip Code

info@reservationsxpress.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myriam Cobo-Bourouaisse 954-800-3218  
Name of Person Area Code Daytime Telephone Number

Enclosed 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

2020 OCT 2 PM 1:05

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Reservations Xpress LLC

(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 Sept. 16, 2020 and assigned Florida document number L200000291235

This amendment is submitted to amend the following:

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

n/a

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(Mailing address MAY BE A POST OFFICE BOX)

B. 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:

n/a

New Registered Office Address:

n/a

Enter Florida street address

n/a

Florida

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.*

n/a

If Changing Registered Agent, Signature of New Registered Agent

2020 OCT 2 PM 1:03  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

FILED

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Myriam Bourouaisse	500 S Federal Hwy	<input checked="" type="checkbox"/> Add
		Unit 642	<input type="checkbox"/> Remove
		Hallandale Bch, FL 33009	<input checked="" type="checkbox"/> Change
AMBR	Adil Bourouaisse	500 S Federal Hwy	<input type="checkbox"/> Add
		Unit 642	<input type="checkbox"/> Remove
		Hallandale Bch, FL 33009	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 OCT 2 PM 6:06  
RECEIVED  
OFFICE OF THE  
CLERK OF THE  
CITY OF MIAMI

FILED

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

n/a

FILED

2020 OCT 12 PM 1:06

RECEIVED  
CLERK OF SUPERIOR COURT  
JANUARY 13, 2021

E. Effective date, if other than the date of filing: 9/16/2020 (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 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.

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.

Dated September 29, 2020.

Myriam Cabo-Bourouaisse

Signature of a member or authorized representative of a member

Myriam Cabo-Bourouaisse

Typed or printed name of signee