20000 295138

| (Requestor's Name) | |
|---|-----------------|
| (Address) | 400371407 |
| (Address) | • |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | 08/10/210102401 |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | ٠. |
| | |
| | |
| Office Use Only | |
| Office Use Only 5- (| |
| , –, 🍑 | |



594

0 **25,00

 $\binom{1}{4}$

COVER LETTER

| | Registration Sec Division of Corp | | | | |
|-----------------|--------------------------------------|--|---|---|---|
| vub ie c | | ITE TOURS LLC | · | | 0 |
| SUBJEC | 1: | Name of Lim | ted Liability Company | | |
| The enclo | sed Articles of a | Amendment and fee(s) are sub | mitted for filing. | | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | | |
| | | DIANA A TUFEILY | | | |
| | | | Name of Person | | |
| | | ROYAL ELITE TOURS I | LC | | |
| | | | Firm/Company | | |
| | | 6313 MARLBERRY DRIV | /E | | |
| | | | Address | | |
| | | ORLANDO, FL 32819 | | | |
| | | | City/State and Zip Code | | 0 |
| | | E-mail address: (| to be used for future annual report notification | ation) | |
| For furthe | r information co | oncerning this matter, please ca | ill: | | |
| DIANA | A TUFEILY | | 407 267-4406 | | |
| | Name of | l'Person | at () Area Code Daytime T | Celephone Number | |
| | | | | ζ |) |
| Enclosed | is a check for th | e following amount: | | | |
| ■ \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status'& Certified Copy (additional copy is enclosed) | |
| | Mailing Addres Registration S | | Street Address: Registration Secti | ion | |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

| ROYAL ELITE TOURS LLC | | | |
|---|--|----------------|-------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | • |
| The Articles of Organization for this Limited Liability Company Florida document number L20000295138 | y were filed on 09/21/2020 | and a | ssigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the limited lial</u> | bility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the | e 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) | | | |
| | | | |
| | | | <i>(</i> 1) |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter the n</u> | ame of the r | iew registe |
| Name of New Registered Agent: | | <u>:</u> 2 | |
| New Registered Office Address: | | <u> </u> | |
| The Hegisteria Critica (Marcon). | Enter Florida street address | | • |
| | , Florida | 211 | |
| | City | Zip Coc | le |

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 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 |
|--------------|--------------------------|-----------------------------------|--|
| AMBR | FERNANDES, CAROLINA DE A | | []Add |
| | | 6257 DOWWDY CT; ORLANDO, FL 32819 | ■Remove |
| | | | □Change |
| AMBR | NAWAL AMEZIANE NOUN | 3051 LAKESHORE BLVD | \(\vec{\vec{\vec{\vec{\vec{\vec{\vec{ |
| | | SAINT CLOUD, FL 34769 | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | · | □ Change |
| | | | DAdd CD |
| | | | □Remove |
| | | | ☐Change |
| | | | N □ Add |
| | | | 🗆 Remove |
| | | | □Change |
| | | | [] Add |
| | | | □Remove |
| | | | □ Changa |

| | <u> </u> | | | • • • • | |
|---|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| | | · | | | |
| | | | | | |
| | | | | | *** |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | · · · · · · | | <u>.</u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| - | | | | • | (|
| <u></u> , | | | | | |
| | | | | | |
| | | | | | ÷ |
| Tective date, if other than the an effective date is listed, the date mu | date of filing: | | _ | (optional | D |
| on effective date is listed, the date mu ote: If the date inserted in this b | st be specific and car | nnot be prior to da | te of filing or more t | han 90 days after filin | g.) Pursuant to 605.020 |
| ocument's effective date on the D | epartment of State | e's records. | statuting timing te | quirements, tins dat | \sim |
| | | | | | Ξ |
| record specifies a delayed effective | ve date, but not an | effective time, | at 12:01 a.m. on t | he earlier of: (b) T | The 90th day after th |
| is filed. | | | | | |
| | | . | | | |
| ated | | 2021 · | | | |
| ated Waxe Text | 1/ -/ | | | | |
| Maxa Perf | Leily | , , , - , - | | | |
| | Storature of a mer | nber or authorize | d representative of a | member | |
| // | organical or a time. | | • | | |

Filing Fee: \$25.00