## L20000301629

(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:						





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## **COVER LETTER**

	egistration Security of Corp						
CUD ITAT		IUNTERS LLC					
SUBJECT	<u></u>		ed Liability Company				
The enclose	ed Articles of a	Amendment and fee(s) are subm	nitted for filing.				
Please retur	m all correspon	ndence concerning this matter to	o the following:				
		Cheyenne Moseley					
			Name of Person				
	Legalzoom.com, Inc.						
			Firm/Company	<del> </del>			
		101 N Brand Blvd 11th Fl					
			Address				
Glendale, CA 91203							
City/State and Zip Code							
	mirnesafranca@gmail.com						
		E-mail address: (to	be used for future annual report notifi-	cation)			
For further	information co	oncerning this matter, please cal	11:				
Cheyenne	Moseley		800 773-0888				
	Name of	f Person	at ()	Telephone Number			
Enclosed is	s a check for th	e tollowing 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)			

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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAVEL HUNTERS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \_\_\_\_ and assigned 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." 1450! Lakewood Trace Court, Unit 203, Fort Myers, FL 33919 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 14501 Lakewood Trace Court, Unit 203, Fort Myers, FL 33919 Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

## 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

, Florida

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
AMBR	Mirnesa Franca	14501 Lakewood Trace Court, Unit 203, Fort Myers, FL 33919	
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E. Effecti	ve date, if other than the date of filing: (optional)	
Note:	ve date, if other than the date of filing:  (optional)  ective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.	(3)(1 the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
Dated	02 - 04 . 2021.	
	Signature of a member or authorized representative of a member	
	Mirnesa Franca	

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Typed or printed name of signee

Filing Fee: \$25.00