## 120000335933

(Re	equestor's Name)	<u>.                                      </u>
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(LX	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Signation	we	

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#### **COVER LETTER**

	Registration Se Division of Cor				
SUBJEC	TRAVELB	ROSLLC			
SUBJEC		Name of Lim	ited Liability Company		
The enclo	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Curtis McVay			
			Name of Person		
		BROTOURS LLC			
			Firm/Company		
		1128 Errol Parkway			N .44
			Address		
		Apopka, FL 32712			22
			City/State and Zip Code		편 설년 24
		eurtismevay@brotoursine.e E-mail address: (	om to be used for future annual report no	tification)	2: 09
For furthe	er information co	oncerning this matter, please c	all:		90
Curtis M	cVay		407 603-6270		
	Name of	f Person	Area Code Daytii	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
□ \$25.0	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 Stat Certified Copy (additional copy is end	
<u>;</u>	Mailing Addres Registration S	<u>s:</u> Section	Street Address: Registration S	ection	

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



# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2020

CURTIS MCVAY BROTOURS LLC 1128 ERROL PARKWAY APOPKA, FL 32712

SUBJECT: TRAVELBROSLLC Ref. Number: L20000335933

We have received your document for TRAVELBROSLLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00026106

Diane Cushing Senior Section Administrator

www.sunbiz.org

Division of the control of the contr

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRAVELBROSLLC		
(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)	72:09
(A riona	a Enimed Enablity Company)	00
The Articles of Organization for this Limited Liability C	Company were filed on 10/22/2020	and assigned
Florida document number L20000335933	<u>_</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
BROTOURS LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	hbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	***
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the nai	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Cin	Zin Code

#### New Registered Agent's Signature, if changing Registered Agent:

TO A SUPLIDE OF LICE

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
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>		<del> </del>	□Add
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			□ Change
		□Add	
		□Remove	
		□ Change	
		□Add	
			□Remove

#### Page 2 of 3

). II amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effecti Note: If t	date, if other than the date of filing:  11/4/2020  (optional)  we 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the is effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	/ Signature of a member or authorized representative of a member
	Curtis McVay
	Typed or printed name of signee

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Filing Fee: \$25.00