L20000360204

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ASSISTANT.HAYLIANA@LARSONACC.COM

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WM TOUR TRAVEL AGENCY LLC

Certificate of Status	0
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T. LEMIEUX
MAR 22 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WM TOUR TRAVEL AGENCY 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:

CAROLINE LARSON
Name of Person

LARSON ACCOUNTING GROUP
Firm/Company

7901 KINGSPOINTE PKWY STE17
Address

ORLANDO, FL 32819
City/State and Zip Code

ASSISTANT.HAYLLANA@LARSONACC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE LARSON at (407) 370 3686
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

February 7, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WM TOUR TRAVEL AGENCY LLC
13736 SUMMERPORT VILLAGE PKWY
WINDERMERE, FL 34786

SUBJECT: WM TOUR TRAVEL AGENCY LLC
REF: L20000362204

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

T
he conflict is L20000362204.

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) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H22000046612
Letter Number: 922A00003003

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WM TOUR TRAVEL AGENCY 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 11-13-2020 and assigned Florida document number L20000362204.

This amendment is submitted to amend the following:

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

NAMALA TRAVEL LLC

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)

7901 KINGSPOINTE PKWY STE 17
ORLANDO, FL 32819

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

7901 KINGSPOINTE PKWY STE 17
7901 KINGSPOINTE PKWY STE 17

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: LARSON ACCOUNTING GROUP

New Registered Office Address: 7901 KINGSPOINTE PKWY STE 17
Enter Florida street address

ORLANDO, Florida
City Zip Code

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2022 MAR 18 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Laura Larson
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

Title	Name	Address	Type of Action
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

5. **Effective date, if other than the date of filing:** _____ **(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 JANUARY 24, 2022

Rafael Mascarenhas
Signature of a member or authorized representative of a member

RAFAEL MASCARENHAS
Typed or printed name of signee