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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

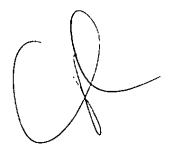
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COVER LETTER

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Tallahassee, FL 32314

TO:

TO: Registration 8 Division of Co					
Travel St	idio LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
	oundence concerning this matter				
	Kerri Lisa				
		Name of Person	·- <u>-</u> -		
	Travel Studio LLC				
		Firm/Company			
	399 Dorchester Drive				
		Address		2027 T	
	Venice, Fl. 34293			AULL NON 8	5.78
	kerri@thetravelstudio.com	City/State and Zip Code		2023 NOV 15 PM 12: 03	
	E-mail address: (to be used for future annual report notific	ation)	333 5 36 21 H C	•
For further information	concerning this matter, please ca	all:		. F. S.	7
Kerri Lisa		347 7527403 at ()			
Name	of Person	Area Code Daytime	Felephone 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)	Certified	te of Status &	
Mailing Addr Registration Division of P.O. Box 63	i Section Corporations	Street Address: Registration Sect Division of Corpo The Centre of Ta	orations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Travel Studio LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)			
he Articles of Organization for this Limited Liability Company lorida document number $\frac{L20000393062}{L20000393062}$.	were filed on	and assigned		
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
visco Travel Studio LLC				
e new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviationL.C."		
nter new principal offices address, if applicable:		23 x0		
rincipal office address MUST BE A STREET ADDRESS)				
nter new mailing address, if applicable: Iailing address MAY BE A POST OFFICE BOX)		5 PH 12: 03		
If amending the registered agent and/or registered office a ent and/or the new registered office address here:	address on our records, enter the	name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Floric	la 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.

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>	Name	Address	Type of Action		
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			_ □Remove		
			_ □Change		
			_ □Add		
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fective date, if other than the d	ate of f	iling:			<u> </u>	(op	tional)		
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ocument's effective date on the Dep	artment	of State's	records.						
record specifies a delayed effective	daru bur	not un of	Easties tim	ar at 1240	am an th	s carlier of	the The 90	ith day aft	er the
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November 15th		20	23						
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Filing Fee: \$25.00