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(Re	equestor's Name)	<u> </u>
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STATE OF THE STATE

COVER LETTER

	egistration Sect vision of Corpo			
SUBJECT	SALT		SAND Name of Lim	TRAVEL CO. LLC
The enclose	ed Articles of A	mendment	and fee(s) are sub	bmitted for filing.
Please retur	rn all correspond	dence conc	erning this matter	r to the following:
		LA	UREN	CATIALDO
		SA	LT & SA	Name of Person AND TRAVEL CO. LLC Firm/Company
		855	CENT	RAL AVENUE #504
		57	PETE	125BURG, FL 33701
		SAI	LTAND E-mail address: (City/State and Zip Code SANDTRIAVELCO © GMAIL COM (to be used for future annual report notification)
For further	information cor	cerning th	is matter, please c	call:
LAU	Name of F		A LDO	at (973) 998-1962 Area Code Daytime Telephone Number
Enclosed is	a check for the	following	amount:	
점 \$25.00	Filing Fee) Filing Fee & ficate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Re Dj P.	ailing Address: egistration Se ivision of Co O. Box 6327 allahassee, FI	rporation	S	Street Address: 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

21 MAR 19 PM 12: 57

S	ALT	&	SAND	TRAVEL	CO.	. ,	1012-37
		(<u>Name</u>		i <mark>lity Company as it now</mark> ida Limited Liability Com		records.)	
The Articles of Org	ganization fo	or this	Limited Liability	Company were filed	on 2 2 2	_ 2	and as

Florida document number <u>L210008622</u>	1 and assigned
Florida document number L L L L C C C C L L L L L L L L L L L	4.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name :must be distinguishable and contain the words "Limited Liabil	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	

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

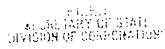
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

Ciny

Enter Florida street address

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



Remove

<u>Title</u>	<u>Name</u>	21 MAR 19 PM 12: 57 Address	Type of Action
MGR	LAUREN CATALDO	855 CENTRAL AVENU	E DAdd
		#504	□Remove
		ST. PETERSBURG, FL 3370	Change
			🗆 Add
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an effe lote: I	ve date, if other than ective date is listed, the da If the date inserted in tent's effective date on	te must be specific his block does no	and cannot of meet the	e applicable	ate of filing o	r more than	(option 90 days after tements, this	filing.) Pr	ursuant to 60 II not be lis	05.0207 sted as (
is file			not an effe	ective time.	at 12:01 a.ı	n. on the e	arlier of: (b)	The 9	Oth day aft	er the
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Filing Fee: \$25.00