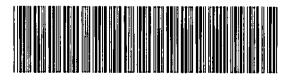
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(Re	equestor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
	A TRAVEL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Yelitza de la Rosa		
		Name of Person	
	RENACER ALL SERVIC	ES INC	
		Firm/Company	
	15510 SW 152ND TER		
	 	Address	
	MIAMI, FL 33187		
		City/State and Zip Code	
	renacerallservices@gmail.co		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please co	all:	
Yelitza de la Rosa		786 812-4655	
Name o	of Person	at () Area Code Daytin	me Telephone Number
Enclosed is a check for t	he 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 Addre		Street Address:	oction
Registration Division of O		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRACIELA TRAVEL LLC			
(Name of the Lim	i <mark>ited Liability Compan</mark> (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Clorida document number L21000232138	Liability Company (were filed on <u>05/19/2021</u>	and assigned
his amendment is submitted to amend the fo	llowing:		
. If amending name, enter the new name	of the limited liabi	lity company here:	
∛/A			
he new name must be distinguishable and contain the	words "Limited Liabili	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:		ddress on our records, enter the	name of the new regist
	N/A		
New Registered Office Address:	IN/A	Enter Florida street address	•
		TARET FROM RELIGION COS	ن
		Florida	Zip Cōde
		City	Zip Coue .c::
iew Registered Agent's Signature, if changing	Registered Agent:		. 63

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>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			□Change
			□Add
			☐ Remove
			
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change

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tive date, if other than the flective date is listed, the date must	date of filing:	or to date of filing or more	than 90 days after filing) P	ursuant to 605 0
: If the date inserted in this blo	ock does not meet the appl	licable statutory filing r		
ment's effective date on the De	partment of State's record	18.		
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ord specifies a delayed effective filed.	gate, out not an effective	time, at 12:01 a.m. on	the earner of: (b) The s	om day after i
August 28	2021	·		
	A M	SIA		
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Filing Fee: \$25.00