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COVER LETTER

TO: Registration S Division of Co			
Inside Tou	r International Consulting LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The males & Ambiles of	· • · · · · · · · · · · · · · · · · · ·	min a constitui	
	Amendment and fee(s) are sub	-	
Please return all corresp	ondence concerning this matter	to the following:	
	CRISTIANE OLIVEIRA :	SILVA	
		Name of Person	<u></u>
	CKO FINANCIAL GROU	JP LLC	
		Firm Company	
	1821 PLUMAS WAY OR	LANDO FL	
		Address	
	ORLANDO FL 32824		
		City/State and Zip Code	
	CKOFINANCIALSERVIC		
War further information	E-mail address: (concerning this matter, please c	to be used for future annual report noti	neation)
	concerning this matter, please c		
CRISTIANE		239 2347415 ar ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	the following amount:		
9 \$25.00 Filing Fee		□ \$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 Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

INSIDE TOUR INTERNATIONAL CONSULTING LLC

2022 MAY 19 PM 4: 06

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE TALLAHASSEF. FI

The Articles of Organization for this Limited Liability Company w	ere filed on 06/11/2021	and assigned
Florida document number L21000271930		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	v company here:	
INSIDE TOUR LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "I	.L.C" 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:	<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>en</u> t	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address, Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe		

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
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			□Remove
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effective date is listed, the date n te: If the date inserted in this	nust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 le statutory filing requirem	days after filing.) Pursuant to 605 tents, this date will not be list	i.020 ed a:
	Department of State's records.			
	ive date, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day after	r the
cord specifies a delayed effect s filed.				
s filed.	2022			
	2022	··		
s filed.		··		
s filed.	2022 Signature of a member of authoric	red representative of a membe	т	

Filing Fee: \$25.00