07/20/2321 15:52 3052201440 LAZARUS CORPORATE

PAGE 01/04



below) on the top and bottom of all pages of the document.

(((H21000275876 3)))



H210002758783ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 12000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:___



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GOTRAVELGO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00



Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on a (A Florida Limited Liability Company)	Dur records)		
The Articles of Organization for this Limited Liability Compositions 61. 1. 07/09/20	021		
Florida document number L21000314081		and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:	IMIT	2021	
The new name must be distinguishable and contain the words "Limited Liability Company," the designati			1
Enter new principal offices address, if applicable:		bbreviation "L.L.C.	
Principal office address MUST BE A STREET ADDRESS)	,		
	2		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
	·····	ii	<u> </u>

	City Flo	Drida Zip Code
	Emer Florida street addres.	s
New Registered Office Address:		
Name of New Registered Agent:		

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. Thereby 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

Title	Name	Address	Type of Action
AMBR	JAIME CEPERO	17518 FIELD ROW TRAIL	Type of Action
			🔜 Add
			🗆 Remove
			Change
			🗆 Add
			🗆 Remove
			Change
·····	<u> </u>		🗆 Add
			🖸 Remove
			□Change
			🗆 Add
			🗆 Remove
			Change
			🗆 Add
			🛛 Remove
			Clunge
	······		() Add
		· · · ·	
			Change

				·
· · ·				
· ·			···-	<u> </u>
				<u> </u>
		∑s	2021	
		<u> </u>		
			JUL	1
		TAU ABASSIELE I DRUGA		,
		<u> </u>	61	
		- <u>+</u> -		T
<u></u>		·- ·	PM	
		5		=
		콜길	 	
		5	<u>_</u>	
		r		
				<u> </u>
	·····	<u> </u>		

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

E. Effective date, if other than the date of filing: 07/14/2021

(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 07/14/2021	
E S T	a
	Signature of a member or authorized representative of a member
JORGĖ F PINEIRO	

Typed or printed name of signee

Filing Fee: \$25.00