Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JSD & COMPANY PA Account Number : I20190000114 Phone : (786)286-2705

: (305)901-6024 Fax Number

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

Email Address:\_\_ingcruz210@gmail.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AGENCIA D VIAJES GAITAN LLC

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Fax: (850) 617-6383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGEN	ICIA D VIAJES	S GAITAN LLC	
(Name of the Limited	Liability Compar Florida Limited L	nv as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liab	oility Company	were filed on <u>07/30/2021</u>	and assigned
Florida document number L21000345664	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	<u>he limited liabi</u>	ility company here:	
N/A			
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C.
Enter new principal offices address, if applical	ble:	7835 Social Cir.	
(Principal office address MUST BE A STREET	ADDRESS)	Tampa, FL 33614	
Enter new mailing address, if applicable:		7835 Social Cir.	<del> </del>
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Tampa, FL 33614	
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office a here:	address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	CARLO	S J. CRUZ SANCHEZ	APF F, 2022 AUG 2 SECRET'S FALL ATTES
New Registered Office Address: 7835		Social Cir.  Enter Florida street address	PROVE AND SELECTION
	TAMP	_	ta ⊇3361₽ – E
	<del></del>	City	Za Vode

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.

CAPLOS J. CRUZ

If Changing Registered Agent, Signature of New Registered Agent

From: JSD & COMPANY CPA Fax: 13059015793

TISD & COMPANY CPA Fax: 13059015793 To: Fax: (850) 517-6383 Page: 3 of 4 08/23/2022 4:58 PM

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
AMBR	CARLOS J. CRUZ SANCHEZ	7835 Social Cir.	□Add
		Tampa, FL 33614	Remove
			<b>■</b> Change
AMBR	ROSSANY N. GARCIA GARCIA	7835 Social Cir.	<b>=</b> Add
		Tampa, FL 33614	∐Remove
			□Change
			Remove
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			Remove
			Remove
			□Change

## H220002856753

N/A	
<del></del>	
an effective date is list of the control of the control of the date in the control of the contro	ther than the date of filing:  (optional)  sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 serted in this block does not meet the applicable statutory filing requirements, this date will not be listed at date on the Department of State's records.
record specifies a c is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ated	August 22 , 2022 .
	CARLOS J. CRUZ
<del></del> -	Signature of a member or authorized representative of a member
	CADLOC L CDUZ CANCHEZ
	CARLOS J. CRUZ SANCHEZ  Typed or printed name of signee