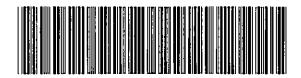
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SHELL OF THE

T. MATTHEWS

DEC 14 2021



October 29, 2021

KOHOMIE K. JARRETT 5541 SPECTRA CIR, APT 106 FORT MYERS, FL 33908

SUBJECT: TRAVELDAT LAZER LLC

Ref. Number: L21000364368

We have received your document for TRAVELDAT LAZER LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00026453

Tekayla T Matthews OPS

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Traveldat Lazer LLC Name of Limited Liability Company
The encl	osed Articles of Amendment and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Kohomie K Jarrett Name of Person
	Traveldal Lazer LLC Firm/Company
	5541 Spectra Circle, APT 106
	Fort Myers FL 33908 City/State and Zip Code travel dat Lazer @gmail-com E-mail address: (to be used for future annual report notification)
	er information concerning this matter, please call:
_ Ko	homie K. Tarrett/Kylee Swanson (773) 666 - 3719 (906) 203 148. Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
⊄ Í \$25.	On Filing Fee

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 17 17 8411:03

	·	1 C ()
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears uted Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Comp	nany were filed on	and assigned
	many word mod on	
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	
<u>(Principal office address MUST BE A STREET ADDRES.</u>	<u> </u>	
•		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		
	The address on our re	agards, anter the name of the new register
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	tice address on our re	ecords, enter the hante of the new register
agent and/or the new registered dirice address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Flor	rida street address
•		871 =
	City	, Florida Zip Code
to the state of th	•	
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and	l agree to act in this	capacity. I further agree to comply with the
provisions of all statutes relative to the proper and com.	plete performance of	t my duties, and I am familiar with and 🥏
accept the obligations of my position as registered agen being filed to merely reflect a change in the registered of	u as proviaca jor in C office addrass I bevei	Sugner 005, r.s. Or, y ms accument is by confirm that the limited liability
being filed to merely reflect a change in the registered c	The address, i herei	by congular into the number mazing

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 = N $AMBR = A$	nanager authorized Member	••	
<u>Title</u>	Name .	Address 21 #11 19 FBH: 03	
AMBR	Kohomie Keith Jarrett	5541 Spectra Circle APT 106,	_VZiAdd
		5541 Spectra Circle, APT 106, Fort Myers, FL, 33908	□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
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Effective	date, if other than the date of filing:(optional)
If an affect	ive data is lieted, the data must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 005.0207
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
documen	a serrective date on the isepartment of state 3 records.
	and the second s
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed	•
	0.11.
Dated	October 5, 2021
	1 d late
	Sportle
	October 5, 2021 Signature of a member of authorized representative of a member Kohomie K. Jarrett Typed or printed name of signee
	1/1
	Manager K. Jaccelo

mu n 635.00