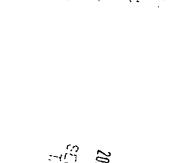
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Y. SCOTT

## **COVER LETTER**

TO:	Registration Sec Division of Cor		¥ •				
	Luxury Oce	an Vacations LEC					
SUBJE	ECT:	Name of Lim	Name of Limited Liability Company				
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Maria Walker					
			Name of Person	202			
		Luxury Ocean Vacations I	1.C	3 7			
			Firm/Company	24			
		2537 Sunny Creek Drive		PILED 2023 APR 24 PH 1: 03 SECKE VI SERE PHTE			
			Address	1: C			
		Fleming Island, FL 32003		—————————————————————————————————————			
			City/State and Zip Code	<del></del>			
		mawalker5@aol.com E-mail address: (	to be used for future annual report no	otification)			
For fur	ther information co	oncerning this matter, please c	all:				
Maria	Walker		813 230-3440				
Name of Person			at () Area Code Dayti	ime Telephone Number			
Enclos	ed is a check for th	ne following amount:					
	5.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee roe Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luxury Ocean Vacations, LLD		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on 09/10/2021	and assigned
lorida document number 1.21000402967		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
auxury Travel Collective LLC		.s. 20
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	
nter new principal offices address, if applicable:		TAR AR
Principal office address MUST BE A STREET ADDRESS)	-	2 1
		49 R
		TS = 0
Inter new mailing address, if applicable:	;	03 103
•		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
	<del></del>	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Florid	
	City	Zip Code

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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
		<del></del>	Change
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			ORREITON DRefilove
			SS GRAdd
			Remove
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fective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on t	e must be specific an ils block does not	d cannot be prior t meet the applica	o date of filing or n	iore than 90 days	after filing.)	Pursuant to will not be	o 605.020' Elisted as
cord specifies a delayed eff s filed.	ective date, but no	t an effective tir	ne. at 12:01 a.m.	on the earlier c	of: (b) The	: 90th day	after the
A		2023					
ed	<u></u>	4 4					
ted April 18	()	Male	)alliz rized representative				_

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