

121000403845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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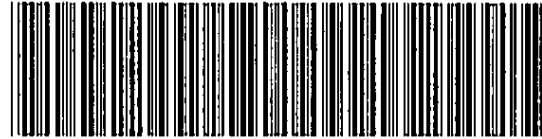
(Business Entity Name)

(Document Number)

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2022 FEB 14 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

FEB 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

L21000403845

SUBJECT: Trip Wise LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Hector Carrion

Name of Person

Firm/Company

161 Champions Vue Loop Unit 310

Address

Davenport FL 33597

City/State and Zip Code

HectorCarrion1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Carrion

Name of Person

at (907)

Area Code

693-2256

Daytime Telephone Number

Enclosed is a check for the following amount:



\$25.00 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

FILED

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

2022 FEB 14 AM 8:36

The Articles of Organization for this Limited Liability Company were filed on 2022 FEB 14 and assigned Florida document number L21000403845.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hector Carrion	161 Champions Vue Lape 310	<input checked="" type="checkbox"/> Add
		Davenport, FL 33897	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Veronica Baez	161 Champions Vue Lape 310	<input type="checkbox"/> Add
		Davenport, FL 33897	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated February 11 2022

February 11

Heckl. Carione.

Typed or printed name of signee