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(Re	equestor's Name)	,
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	ne #)
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COVER LETTER

TO:

Registration Section Division of Corporations

	RAVEL LLC	•		
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	REINA VILA			
		Name of Person		
	VILAS TRAVEL LLC			
		Firm/Company	 	
	12360 QUAIL ROOST DI	₹		
	Address			
	MIAMI, FL 33177 City/State and Zip Code			
	YAILYVILA@GMAIL.CO			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
REINA VILA		305 792-2576 at ()		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VILLAS TRAVEL LLC	***	le 1
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L21000484654	were filed on 11/09/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
VILAS TRAVEL LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regis
		2021
Name of New Registered Agent:		2021 DE
Name of New Registered Agent: New Registered Office Address:	Enter Florida street addres	2021 DEC 10
	Enter Florida street addres	2021 DEC D
	Enter Florida street addres Flo	2021 DEC 10 PM Gode OF STATE STATE

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, 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
			□ Add
			Remove
			☐ Change
			□ Remove
			□Change
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		Remove	
			Change
		□ Remove	
		Change	
		□ Add	
		Remove	
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		Remove	
			□Change

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(If an effe <u>Note:</u> 1	ye date, if other than the date of filing:
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 ed.
Dated _	11-26-21
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member A ein a vil A