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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to F	filing Officer:	
J	J. HORNE	
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2022 JAN -4 AMII: 32 SECRETARY OF STAR

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: GC Trave / //C,, Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for tilling,
Please return all correspondence concerning this matter to the following:
Gina Careccia
Name of Person
GC Travel LLC,
Firm/Company
5741- N.W. 48 ct.
Address
Coral Springs   Florida 33067  Care cciagina @ 9 Mail. Com  E-mail address: (to be used for future annual report notification)
Lity/State and Zip Code
Care CC lagina @ 9Mail. Com
For further information concerning this matter, please call:
Gina Careccia (954) 254-6867
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
✓ \$25,00 Filing Fee ☐ \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

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

FILED

ited Liability Company as it now appears on our records.) SEGRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on November 19, 2021 and assigned Florida document number <u>L21000495150</u> 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 "LLC, 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) . . : [ 1 1 4 6 6 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:

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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n effective date is ote: If the date	f other than the listed, the date muserted in this be ive date on the I	ist be specific and block does not r	d cannot be prior to date neet the applicable st	of filing or more than 90 days	optional) safter filing.) Pursuant to 605.0207 (s. this date will not be listed as t
record specifies is filed.	a delayed effecti	ve date, but not	an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th day after the
nted 12/2	8/2021		. <u>HC</u> .	epresentative of a member	
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, 	Dira	Signature of a	member or authorized r	epresentative of a member	