Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		so will generate another cover sheet.	
To:			: :
	Division of (Corporations	ن ان
		: (850)617-6383	
From:			:-
	Account Name	: SUNBIZ ONLINE LLC	
	Account Number	er : I20210000128	
	Phone	: (305)244-9500	
	Fax Number	: (954)827-9354	
an	nual report mai	ess for this business entity to be used lings. Enter only one email address pla	for futu ease.**
Em	ail Address:		

INTERBOOKING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

C. BRUMBLEY

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Se Division of Cor			
eub II	Interbookin	g·L1.C	o.	
SUBJE	.C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Catalina Ramirez		
			Name of Person	
		Sunbiz Online LLC		
			Firm/Company	 _
		1600 NW 128th DR Suite	303	
			Address	
		Sunrise, FL 33323		
		1 1/2	City/State and Zip Code	
		catalina@sunbizonline.org	to be used for future annual report notif	ication)
For fur	ther information c	oncerning this matter, please c		ication
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
≣ \$2;	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		Street Address: Registration Sec	ction
	Division of C		Division of Con	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Interbooking LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 12/14/2021	and assigned
Florida document number L21000525162		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabii	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		AD 22
Enter new mailing address, if applicable:	•	27 Ag
(Mailing address MAY BE A POST OFFICE BOX)		유유 교
		<u> </u>
		5
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 regittee
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	32
	r:	lorida
	City . P	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>	Address	Type of Action
MGR	Diego D. Nista	2100 DIANA DRAPT 306HALLANDALE BEACH	
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
	***************************************		□Add
			Remove
			FI Change

. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
•	
<u> </u>	
Note: If	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the record s cord is filed	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
Dated	eptember 27 , 2022
	Signature of a member or authorized representative of a member
	Die go D Nista
	Typed or printed name of signee

Filing Fee: \$25.00