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## COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUD IEC		ners Wanderlust World Travel.	L.L.C.	
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Catheryne Budzian		
			Name of Person	
		Cruise Planners Wanderlus	t World Travel, L.L.C.	
			Firm/Company	
		3530 Durrance St.		
			Address	
		New Port Richey, FL 3465	5	
			City/State and Zip Code	
		catheryne.budzian@cruisep		
		E-mail address: (	to be used for future annual report notifi-	cation)
For furthe	er information c	oncerning this matter, please ca	di:	
Catheryn	e Budzian		813 300-9416 at ( )	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addres		Street Address:	
	Registration S Division of C		Registration Sectorial Division of Corp	
	P.O. Box 632		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cruise Planners Wanderlust World Travel, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/28/21}{1}$ and assigned Florida document number L22000006518 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wanderlust Explore the World Travel, L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L 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 City

## 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, 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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			☐Change
			□ Add
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ffective date, if other than t an effective date is listed, the date is lote: If the date inserted in this ocument's effective date on the	block does not meet the appl	icable statutory filing requ	(optional) 190 days after filing.) Pursuant to rements, this date will not be	605.0207 ( listed as t
record specifies a delayed effec l is filed.	tive date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day a	ifter the
	2022			
May 2nd		·		