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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (305)552-5973 Fax Number : (305)675-5944

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN INTERNATIONAL TRAVEL WORLD LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONAL TRAVEL WORLD L	LC	
(<u>Name of the Limited Lia</u> (A Fic	bility Company as it now appears on our records.) orda Liouted Liability Company)	•
The Articles of Organization for this Limited Liabilit Florida document number 1.22000019522	y Company were filed on	and assigned
This amendment is submitted to amend the following	\$	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registengent and/or the new registered office address her	red office address on our records, <u>enter the</u>	name of the 180 registered
Name of New Registered Agent:		FILECO FILECO
New Registered Office Address:		100 1 00 1
	Enter Florida strevi address	# 3
	, Florida	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	Name JORGE DANIEL MUSCIA	Address 711 SW 111TH WAY, APE 206, PEMBROKE PINES, Ft., 31025	Type of Action
			® ∧dd
•			□Remove
MGR	GRACIELA MARTINS PONTES	711 SW 111TH WAY, APT 20%, PEMBROKE PINES, FL. 331025	🗆 Change
			
			©Remove
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-			🗆 Add
			ПRетоve
			Change
			
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E. Effective (If an effective Note: 1 docume	ve date, if o ctive date is lis If the date ins nt's effective	ther than the date of f sted, the date must be specific serted in this block does n e date on the Department	filling: (optional) ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to not meet the applicable statutory filing requirements, this date will not be of State's records.	605.0207 listed as	(3)(b) the
If the record	specifies a d	elayed effective date, but	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a	ifter the	
	u. EBRUARY		2022	inci the	
Dated _					
		e.	Lollar		
		Signature o	of a member or authorized representative of a member		
			Typed or printed name of signed		