## L22000031218

(Re	equestor's Name)	· · ·
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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A. RIVERS

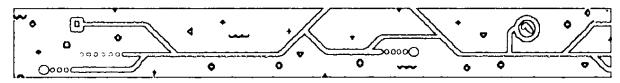
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## zenbusiness

Sep 30, 2022

Florida Secretary of State Division of Corporations 2415 N Monroe St Suite 810 Tallahassee, FL 32303

**RE: World Adventure Travel LLC** 

To Whom It May Concern:

Attached please find the executed <u>Articles of Amendment</u>, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

ZenBusiness Inc Attention: Kelly C. 336 E. College Ave, Suite 301 Tallahassee, FL 32301

If you have any questions, please feel free to contact me at 844-493-6249 or at <u>fulfillment@zenbusiness.com</u>.

Thank you, Kelly C. ZenBusiness Customer Success

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

World Adventure Travel LLC	
(Name of the Limited I. (A.)	iability Company as it now appears on our records.)  lorida Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number 1.22000031218	lity Company were filed on 01/14/2022 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
Yamevi Travel LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)  B. If amending the registered agent and/or registered agent and/or the new registered office address h	stered office address on our records, enter the name of the new registered
	<b>?</b> [
Name of New Registered Agent:	2220
New Projection of Office Address.	ਜ਼ਰੂ ਜ਼ਰੂ
New Registered Office Address:	Enter Florida street address
_	City Forde
	City Code
New Registered Agent's Signature, if changing Regi	stered Agent:
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605. F.S. Or, if this document is istered office address. I hereby confirm that the limited liability ange.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Flective date, if other than the date of filing:	<u></u>				<del></del>		
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/s/ Patricia Basulto Signature of a member or authorized representative of a member	ated September 30	· ;	2022	_•			
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Filing Fee: \$25.00