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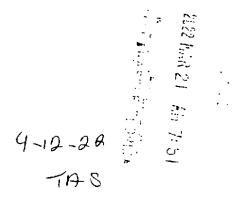
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Division of C	Section Corporations		
	O TRAVEL		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	VICTORIA REA		
		Name of Person	
		Firm/Company	
	619 EAST 11TH AVENUE	:	
		Address	
	MOUNT DORA FLORIDA	A 32757	
		City/State and Zip Code	
	vicrea3@gmail.com E-mail address: (to be used for future annual report notification	n)
For further information	on concerning this matter, please c	·	
VICTORIA REA		407 760 - 4785	
Nan	ne of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 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 Add Registratio		Street Address: Registration Section Division of Corpora	tions
DA D. A		The Company	

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

LOVE TO TRAVEL LLC		
(Name of the Limited Liability Compan (A Florida Limited Lia	y <mark>as it now appears on our records.</mark>) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on FEBRUARY 7, 2022	and assigned
Florida document number 1.2000064173		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
CONCIERGE DREAM TRAVEL LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· · · · · ·
Enter new mailing address, if applicable:		
•••		٠
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	kirose on our moonele, onton the name of	the fair market
agent and/or the new registered office address here:	dress on our records, enter the name of t	'
Name of New Registered Agent:		
Name of New Registered Agent.		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	p Code
	City Zq	p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am famili ovided for in Chapter 605, F.S. Or, if thi	iar with and is document is

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Петюvе
			□Change
			□Add
			□Remove
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			□Change

		
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ffective date, if other than the date of filing:	(optional)	7.7 C7
ffective date, if other than the date of filing:	g or more than 90 days after filing.) Pursuara-to	o 605.020
ocument's effective date on the Department of State's records.	Titling requirements, this date will not be	; fisico a:
record specifies a delayed effective date, but not an effective time, at 12:01 a lis filed.	a.m. on the earlier of: (b) The 90th day	after the
18 1100.		
MARCH 17, 2022		
1 / / · · · · · · · · · · · · · · · · ·		

Filing Fee: \$25.00

Typed or printed name of signee