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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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(Do	ocument Number)	
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2022 APR 11 PM 5: 39
SECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
		AND YIELD LLC	.
SUBJECT: 4	Name of Lim	ited Liability Company	
	TRAVEL AND YIELD LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
	.	Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	•	
	E-mail address: (to be used for future annual report n	otification)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		/	
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration S Division of C		Registration S Division of C	
P.O. Box 632		The Control of	-

Tallahassee. FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED OF

2022 APR 11 PM 5: 39

TR	AVEL AND YIELD LLC SECRE	TARY OF STATE
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears ፍሮ ነዕ da Limited Liability Company)	AMASSE, FL
The Articles of Organization for this Limited Liability (Company were filed on 02/09/202	2 and assigned
Florida document number L22000068296	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
	Ciņ	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JAYSON FAVAZZA	1150 NW 72ND AVE TOWER 1 STE 455 #5944	= Add
		MIAMI, FL 33126	□Remove
			□Change
AMBR	KYLE WHITE	1150 NW 72ND AVE TOWER 1 STE 455 #5944	Add
		MIAMI, FL 33126	□Remove
			□Change
			□Add
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior ock does not meet the applic	cable statutory filing re	(optional) than 90 days after filing.) Pur equirements, this date will	suant to 605.0207 not be listed as
ne record specifies a delayed effective ord is filed.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 90th	h day after the
Dated April 4th	2022			
\cap	D 0. D			
	Signature of a member or auth	orized representative of	umember .	