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8/23/22, 11:08 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002849013)))



H220002849013ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072 Phone : (954)356-2905 Fax Number : (954)337-8346

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: _____CLIENTINFO@CPASWESTON.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VITABELLA TRAVEL SERVICES LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Help

	,	COVER LETTER	. (((H22000284901 3)))
TO: Registration So Division of Cor		·	
VITAB	ELLA TRAVEL SERVI	CES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	JACQUELINE F F	RODRIGUEZ	
		Name of Person	
	WESTON CORPO	RATE ADMINISTRA	TION
		Firm/Company	
	777 BRICKEL AVE	E., SUITE 500-96623	1
		Address	
	MIAMI, FL 33131		
	•	City/State and Zip Code PASWESTON.COM	
e e a recuire		to be used for future annual repo	ort notification)
	oncerning this matter, please ca	BH:	
JACQUELINE F F	RODRIGUEZ	at (<u>954</u>) <u>278</u> Area Code	- 8041
Name o	f Person	Area Code I	Daytime Telephone Number
Enclosed is a check for th	ne following amount:		
X S25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed 	Certificate of Status &
Mailing Addres Registration S	Section	<u>Street Addr</u> Registratio	on Section
Division of C P.O. Box 632			f Corporations c of Tallahassee
Tallahassee, I			Ionroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO (((H22000284901 3))) ARTICLES OF ORGANIZATION OF

VITABELLA TRAVEL SERVICES I	LLC	
(Name of the Limited Liability Co (A Florida Liny	mpany as it naw appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L22000106689	02/25/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here: Name of New Registered Agent:	lce address on our records, enter the na	ame of the new registered
N 0 1 1055 - 111		
New Registered Office Address:	Enter Florida street address Florida	AR FED AR
	City	Zigt Code 👀
New Registered Agent's Signature, if changing Registered Ag	ent:	

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.

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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
MGR	TORCHIANA, MARCELA S	777 BRICKELL AVE.	bbA K i
		SUITE 500-96623	[] Remove
		MIAMI, FL 33131	☐ Change
			DAdd .
			(I) Change
			DAdd
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			□Remove
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			Change
			□Add
			□Remove
			TiChanga

Page. 4 of 5 To:

(((H22000284901 3)))

. If am	ending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
,	
•	
,	
(If an er Note:	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (I filthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cett's effective date on the Department of State's records.
he reco ord is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the led.
Dated	08/22/2022
	Signature of a member of multiprized representative of a member