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SECRETARY OF STATE
TALLAHASSEE TATE

A. BUTLER APR 2 2 2022

## **COVER LETTER**

TO: Registration Se Division of Cor			
	XURY LLC	•	
SUBJECT:		ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for tiling.	
Please return all correspo	ondence concerning this matter t	to the following:	
	IRIS BRICENO		
		Name of Person	
	TRIPS LUXURY LLC		
		Firm/Company	
	18117 BISCAYNE BLVD	3112	
	<del></del>	Address	
	AVENTURA, FL 33160		
	USTUEMPRESA@GMAH	City/State and Zip Code	
		to be used for future annual report not	(fication)
For further information c	concerning this matter, please ca	all:	
IRIS BRICENO		786 340-0372	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section Corporations	Street Address: Registration So Division of Co	rporations
P.O. Box 631	27	The Centre of	LaHahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TRIPS LUXURY LLC			2022 APD -
(Name of the Lim	ited Liability Compa (A Florida Limited	inv as it <mark>now appears o</mark> Liability Company)	2022 APR -5 AM 9: 40
			SECRETARY OF STA
he Articles of Organization for this Limited I	Liability Company	were filed on $\frac{03/02}{}$	SECRETARY OF STATE igned
lorida document number 1.22000109033			
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name	of the limited liab	oility company here	;
NA .			
he new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
Principal office address MUST BE A STRE			
Thetha office dataess most be A STRE.	ET ADDRESSY		
			<del>_</del>
		NΑ	
inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>		
			<u> </u>
	1		
If amending the registered agent and/or gent and/or the new registered office address.		address on our reco	oras, enter the name of the new reg
			•
Name of New Registered Agent:	NA		
New Registered Office Address:	NA		
		Enter Florida	street address
	NA		, Florida <sup>NA</sup>
		City	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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ANA VARGAS	18117 BISCAYNE BLVD, #3112	<b></b> _ <b>A</b> dd
		AVENTURA, FL 33160	□Remove
			□Change
NA	NA	NA	□Add
		<del></del>	□Remove
			□Change
NA	NA	NA	□Add
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			□ Change

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fective date, if other than the d	ate of filing:	(optional)	
m effective date is listed, the date must b ote: If the date inserted in this bloc	e specific and cannot be prior to date of k does not meet the applicable stat	f filing or more than 90 days after filing.) Pursua autory filing requirements, this date will no	nt to 605,020 t be listed a
ocument's effective date on the Dep.			
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e record specifies a delayed of The 90th day after the recor ated MARCH 31TH	d is filed.		
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