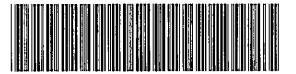
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Name of Limi	ted Liability Company	
nendment and lee(s) are subi	nitted for filing.	
ence concerning this matter t	to the following:	
Asnley		
Trovel w	Ah Asian 1	dc
4700 UM 2019	C+ Plantation Address	FC 33317
		(J)
_	City/State and Zip Code	
ACMINER OQ W	o be used for future annual report n	otification)
cerning this matter, please ca	11:	-
Reid	at (94) 470 Area Code Davi	1 - 1800 time Telephone Number
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following amount:		
□ \$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)
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Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Travel with	A Florida Limited Liability Company)	r records,)
The Articles of Organization for this Limited Liz Florida document number 17200135		and assigned
Florida document number 424 10153	21.1	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:	
(Principal office address MUST BE A STREET	TADDRESS)	22
		<u>;</u>
		⊘
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u> </u>	
	·	(A)
B. If amending the registered agent and/or reagent and/or the new registered office address	~	s, enter the name of the new registered
Name of New Registered Agent:	Ashley Nicole	Rend
New Registered Office Address:	4760 nw 3h Ct Enter Florida stre	et address
	Plantation	, Florida 3331 7 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
MGR	Adriey Reid	4760 NW ZND C+ Plantation FL 38317	\\ Add
			□Remove
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable statu ument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.02
cord specifies a delayed effective date, but not an effective time, at 12 filed.	:01 a.m. on the earlier of: (b) The 90th day after the
ed July 22 , 2022.	
Signature of a member or authorized repr	the state of the s