K22 000152086

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COVER LETTER

Registration Section

TO:

Division of C	orporations			
Dons Fix SUBJECT:	lt LLC	•		
SUBJECT:	Name of Li	mited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are st	abmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
	Donald Miles			
		Name of Person		
	Going Global Travel LLC			022 JUL -5
		Firm/Company		; ;
	3713 Hunters Isle Dr			•
		Address		
	Orlando, F1. 32837			MM 9: 55
	Dmiles40@live.com	City/State and Zip Code		
	E-mail address:	(to be used for future annual report noti-	fication)	
For further information of	concerning this matter, please c	all:		
Donald Miles		407 494-7711 at()		
Name o	f Person	Area Code Daytime	Telephone Number	
inclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section Orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe	orations illahassee)

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dons Fix It LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03/29/22 and assigned Florida document number L22000152086 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Going Global Travel LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 3713 Hunters Isle Dr. Orlando, FL 32837 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 3713 Hunters Isle Dr. Orlando, FL 32837 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida __

It 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
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			□Remove
			□Change
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ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab cument's effective date on the Department of State's records.	date of filing or more than 90 le statutory filing requires	(optional) Odays after filing.) Pursuant to 605.020 ments, this date will not be listed a
cord specifies a delayed effective date, but not an effective times stiled.	e, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
June 29 2022		
	1	

Filing Fee: \$25.00