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.

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Doing so will generate another cover sheet. Ta: Division of Corporations Fax Number : (850)617-6383 From: Account Name : AT PLUS CORP Account Number : I2014000060 Phone : (305)406-3800 Fax Number : (305)406-3999 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:\_\_\_\_

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LUXURY TOURISM LLC Certificate of Status 01 Page Count S25.00 Estimated Charge

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY TOURISM LLC		
(Name of the Limited Liability Company: (A Florida Limited Liab	as it now appears on our recor ility Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company we Florida document number L22000191993	ere filed on 04/21/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		A A
New Registered Office Address:	Enter Florida street add	ress 9 LED
	City	Z@Code C
New Registered Agent's Signature, if changing Registered Agent:		±3

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR OSCAR MA	OSCAR MAYENTIES	10951 WEST 33 LANE	
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			DAdd
			Remove
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ote:	fective date is listed, the date must be specific and cannot be prior to date or ining of indication is despected. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
neco	rd 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
d is f	iled.
	2022
Dated	May 19 2022
	unt t
	8 94
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  Yiritza Brito