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To:	
	Division of Corporations
	Fax Number : (850)617-6383
From:	
	Account Name : AT PLUS CORP
	Account Number : I20140000060
	Phone : (305)406-3800
	Env Numbon + /30E1406 3000
	Fax Number : (305)406-3999 the email address for this business entity to be used for future ual report mailings. Enter only one email address please.**
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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUXURY TOURISM LLC				
(A Florida Limited Liability Con	mpany as it now appears on our records.) ted Liability Company)			
The Articles of Organization for this Limited Liability Comparing L22000191993	any were filed on	and as	signed	
nis amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) The new mailing address, if applicable:				
A. If amending name, enter the new name of the limited l	liability company here:			
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation "I	L.C."	_
Enter new principal offices address, if applicable:			<u> </u>	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>	~3 	 -
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		설치	2	-
Enter new mailing address, if applicable:			75-	
(Mailing address MAY BE A POST OFFICE BOX)		- CS	<u> </u>	
		717	5.5	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the na	me of the no	ew regi	stered
Name of New Registered Agent:				_
New Registered Office Address:	Enter Florida street address	· · · · ·	_	
	T71 2 3 -			
	, Florida _	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	YERALDINE SILVA	9619 FONTAINEBLEAU BLVD APT 606	□Add
		MIAMI FL 33172	□Remove
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locument'	's effective date on the Departme	ent of State's record	s.			
record sp d is filed.	occifies a delayed effective date,	but not an effective	time, at 12:01 a.	m, on the earlier of	f: (b) The 90th day	after the
	SETEMBER 02	2022	·			
Dated						

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Typed or printed name of signee