

H230003651143
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L22000245952

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To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : MRP BY WESTON INC
Account Number : I20220000089
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Fax Number : (954)655-8412

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
XB TRAVEL LLC

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DIVISION OF CORPORATIONS
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2:19

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XB TRAVEL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERNAL, XIOMARA

Name of Person

Firm/Company

1435 SIMPSON ROAD

Address

KISSIMMEE, FL 34744

City/State and Zip Code

MELVASYL@HOTMAIL.COM

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MELVA SANCHEZ

954 655-8412
a: ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

XB TRAVEL 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 05/27/2022 and assigned
Florida document number L22000245952

This amendment is submitted to amend the following:

A. 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 "L.L.C."

Enter new principal offices address, if applicable:

1435 SIMPSON ROAD KISSIMMEE, FL 34744

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1435 SIMPSON ROAD KISSIMMEE, FL 34744

(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:

BERNAL, XIOMARA

New Registered Office Address:

1435 SIMPSON ROAD

Enter Florida street address

KISSIMMEE

Florida 34744

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

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Handwritten: 1 >> 850-617-6381
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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
AMHR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMHR	BERNAL, XIOMARA	1435 SIMPSON ROAD	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALVITES, MIGUEL	1435 SIMPSON ROAD	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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