

122000249215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

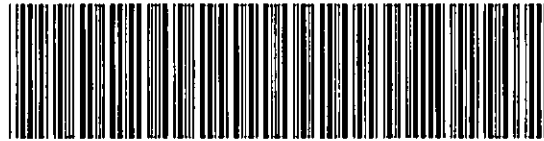
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J. HORNE

OCT - 6 2022

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07/09/20--01003--007 **50.00

FILED
2022 JUL -6 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FL

June 30, 2022

To whom it may concern:

Re: Escape Travel Service, LLC / Florida Doc #: L22000249215

6922 Long Needle Court, Orlando Florida 32822

Tel: 407-234-1724

Please be advised that I need to change the title of the LLC. Instead of AP/Authorized Person to CEO.

I thank you in advance for your attention to this matter.

Sincerely,

Awilda Egido

Att: 6 pages of the form to amend the Articles of Organization of a Florida LLC.

1 check in the amount of \$60.00.

2 pages of Copy of the Articles of Organization of a Florida LLC.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ESCAPE TRAVEL SERVICE, 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:

AWILDA EGIDO

Name of Person

ESCAPE TRAVEL SERVICE, LLC

Firm/Company

6922 LONG NEEDLE COURT

Address

ORLANDO, FLORIDA 32822

City/State and Zip Code

ESCAPETRAVELSRV@GMAIL.COM

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

For further information concerning this matter, please call:

AWILDA EGIDO

407

234-1724

at (_____) _____

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ESCAPE TRAVEL SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 JUL -6 PM 1:19

SECRETARY OF
STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/31/2022 and assigned
Florida document number L22000249215.

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:

(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 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

_____, Florida _____
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

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>	<u>Type of Action</u>
AP	AWILDA EGIDO	6922 LONG NEEDLE COURT	<input type="checkbox"/> Add
		ORLANDO, FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	AWILDA EGIDO	6922 LONG NEEDLE COURT	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32822	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00