122000286565

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinest Number)
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(12/12/2022

COVER LETTER

TO: Registration Se Division of Cor			•	
	& RESORTS, L.L.C.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSEPH BOVINO			
		Name of Person		
	BOVINO LAW GROUP			
		Firm/Company		
1504 BAY RD APT 901				
		Address		
MIAMI BEACH, FL 33139				
		City/State and Zip Code		
	JOE@BOVINOLAWGRO		A(Continue)	
For further information of	eoncerning this matter, please c	to be used for future annual report no all:	ancaion)	
JSOEPH BOVINO		310 425-9933		
Name o	of Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for t	he 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	
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection	
Division of C		Division of Corporations		
P.O. Box 632		The Centre of		
Tallahassee,	FL 32314	2415 N. Mont	roe Street, Suite 810	

Tallahassee. Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

TRAVEL & RESORTS, L.L.C.

2022 SEP 19 PH 12: 54

(Name of the Limited Liability Co	ompany as it now appears on our	records.) FORETA NAME
(A Florida Limi	иса главниу Сотралу)	SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number L22000286565		
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 I	.iability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	ice 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	
	Enter Florida street	address
		, Florida Zip Code
	City	хір Соае
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dut as provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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
MGRM	CEBALLOS CARDONA, JUAN P	1117 W 41ST PL	□Add
		HIALEAH, FL 33012-4177	Πo
			= Change
			□Add
			□Remove
		<u> </u>	Change
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F. OC 41							
riote: 1	ve date, if other than etive date is listed, the dat if the date inserted in the ent's effective date on the	his block does not	meet the appli-	cable statutory	or more than 90 d	_ (optional) lays after filing.) Prents, this date wi	irsuant to 605.0207 (I not be listed as t
e record rd is file	specifies a delayed eff d.	fective date, but no	ot an effective t	ime, at 12:01 a	a.m. on the earlie	er of: (b) The 9	Oth day after the
Dated _	SEPTEMBER 12		2022				
		1 man 1 /					
		Signature of a	member or auth	orized represent	ative of a member		

Filing Fee: \$25.00