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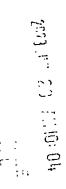
(Requ	estor's Name)
(Addre	ess)	<u>. </u>
(Addre	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Na	ime)
(Docu	ment Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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07/28/23--01019--007 **25.00



COVER LETTER

TO: Registration Division of C	i Section Corporations		
	Toutonie	116	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Scot	+ Sullard Name of Person	
	T<0-	Firm Company	Sto 2017 2
	50 NE	26th Ave	Ste 201 = 2
	Pampano P Scott Su E-mail address:	City/State and Zip Code City/State and Zip Code Code	33062 m) COM
For further information	on concerning this matter, please ca	all:	
Scots Nar	t Sullard ne of Person	at (<u>561</u>) 704 Area Code Daytim	t - 4262 e Telephone Number
Enclosed is a check for	or the following amount:		
\$25,00 Filing Fee	e ☐ \$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)
	on Section of Corporations	Street Address: Registration Se Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trutravel	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L.J.J. CCO 4.3663</u> 9	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	50 NE 26th Ave ste 201
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33062
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	50 NE 26th Ave Ste 201 Pempono Boach, FL 33062 address on our records, enter the name of the new registered
Name of New Registered Agent: 55	Financial LLC
New Registered Office Address: 2519	Nocean Blud ste 216 Enter Florida street address
Born Ro	City , Florida 33431 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar, with and provided for in Chapter 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
MGR	SS Financial LLC	2519 N Ocean Blod April	116/Add
		Baca Raton FL 3343	□Remove
			□Change
MGR	MJSJ Financial Inc.	475 SE 1st st	Add
		108 tqA	□Remove
		Pempono Broch FL 330	€ □Change
MGR	Scott Sullard	2519 N Ocean Blud	□ Add
		Apt 216	Remove
		Boca Roton FL 334	31 ⊡Change
			ŪAdd
			🗀 Remove
			Change
			Add
			DRemove
			P □Change
			□Remove

f amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)
	<u> </u>
	<u> </u>
	
	<u> </u>
7/18/2002	
ffective date, if other than the date of filing: (option an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after) nal) filing.) Pursuant to 605.020
lote: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	date will not be listed a
betiment's effective date on the Department of State's records.	
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
l is filed.	
Till 19th 2023	255
ated 1014 1814, 3025	2773 P
	:
Signature of a member or anthorized representative of a member	
Scott Scallard	11.01
Typed or printed name of signee	
	· F: =

Filing Fee: \$25.00