12/28/22, 9.59 AM

Division of Corporations



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(((H22000434755 3)))



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10:

Division of Corporations

Fax Number : (850)617-6383

From:

03

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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 MEMORIES MAKER TRAVEL LLC

Certificate of Status	0
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Help

To: 18506176383 From: 14693173436 _Date: 12/28/22 Time: 10:19 PM Page: 02/04 (((H22000434755 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Memories Maker Travel LLC						
(Name of the Limited Liability Com (A Florida Limite	ngany as it now appears on our records.) ad Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on 12/01/2022 and a						
lorida document number 1.22000506746						
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited li	ability company here:					
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the a	bbreviation "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						
3. If amending the registered agent and/or registered offic	cauddrose on our records onter the na	nie of the new registere				
igent and/or the new registered office address here:	ce and east in our recording enter the near	22				
)221				
Name of New Registered Agent:						
New Registered Office Address:		2				
	Enter Florida street uddress					
	, Florida, Florida	Zip Code				
New Registered Agent's Signature, if changing Registered Age	ent:	0				

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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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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 AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Peggy Clarke	4 Escondido Circle	■Add
		Aitamonte Springs, FL, 32701	□Remove
			(Change
			□Add
			[]Remove
			□ Change
			⊡Add
			□Remove
			Cladd
			∏Келюче
			□Change
			□Add
		÷	☐ Remove
			□Change
			🗀 Add
			□Remove
			□ Change

	(((H22000434755 3)))
. If amending any other information, enter change(s) h	ere: (Attach additional sheets, if necessary.)
	MIN
Effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be pri Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(6) iicable statutory filing requirements, this date will not be listed as the ls.
record specifies a delayed effective date, but not an effective d is filed.	time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated December 19th 2022	
Tecy Dar	thorized representative of a member
Signature of a member or au	Inorized representative of a member

Typed or printed name of signee

Tracy Sanchez

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