## 123000005852

| (0.                     |                     |                 |
|-------------------------|---------------------|-----------------|
| (₭€                     | equestor's Name)    |                 |
|                         |                     |                 |
| (Ac                     | ldress)             |                 |
|                         |                     |                 |
| (Ad                     | idress)             |                 |
|                         |                     |                 |
| (Cir                    | ty/State/Zip/Phone  | <del>//</del> ) |
| ,                       |                     | ,               |
| PICK-UP                 | ☐ WAIT              | MAIL            |
|                         |                     |                 |
| (Bu                     | isiness Entity Name | <del>)</del>    |
|                         |                     |                 |
| (Do                     | ocument Number)     |                 |
| (5.0                    |                     |                 |
| 0.00.10.3               |                     |                 |
| Certified Copies        | _ Certificates o    | of Status       |
|                         |                     |                 |
| Special Instructions to | Filing Officer:     |                 |
|                         |                     |                 |
|                         |                     |                 |
|                         |                     |                 |
|                         |                     |                 |
|                         |                     |                 |
|                         |                     |                 |
|                         |                     |                 |
| <u>-</u>                |                     |                 |

Office Use Only



600417063206

10/10/23--01040--020 ++25.00

## **COVER LETTER**

| TO:            | Registration So<br>Division of Co |   |   | s)   |
|----------------|-----------------------------------|---|---|--|
| SUBJEC         |                                   | oliday VIP Tours LLC                            |   |  |
| NOBJEX         |                                   | Name of Lim                                     | nited Liability Company   | -  |
| The encl       | osed Articles of                  | Amendment and fee(s) are sub                    | omitted for filing.   |  |
| Please re      | turn all correspo                 | ondence concerning this matter                  | to the following:   |  |
|                |                                   | TIERRA W  |   |  |
|                |                                   |   | Name of Person  |  |
|                |                                   | ZENBUSINESS INC                                 |   |  |
|                |                                   | <del></del>                                     | Firm/Company  |  |
|                |                                   | 5511 PARKCREST DRIV                             | E. STE 103  |  |
|                |                                   |   | Address   |  |
|                |                                   | AUSTIN, TX 78731                                |   |  |
|                |                                   | FULFILLMENT@ZENBU                               | City/State and Zip Code<br>SINESS.COM                               |  |
|                |                                   | E-mail address: (                               | to be used for future annual report n                               | otification)   |
| For furth      | er information e                  | concerning this matter, please c                | all:  |  |
| TIERRA         | W                                 |   | 844 493-6249<br>at ()   |  |
|                | Name o                            | of Person                                       |   | ime Telephone Number   |
| Enclosed       | l is a check for t                | he following amount:                            |   |  |
| <b>■</b> \$25. | 00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional 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

FILED 2023 OCT 10 AM 7: 05

Orlando Holiday VIP Tours LLC

TARREST FINE

(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 01-03-2023                   | and assigned            |
|--|--|-------------------------|
| Florida document number 1.23000005852  |  |                         |
| This amendment is submitted to amend the following:  |  |                         |
| A. If amending name, enter the new name of the limited liab  | pility company here:                         |                         |
| The new name must be distinguishable and contain the words "Limited Liabi  | ility Commany " the designation "LLC" or the | ahbreviation "F. L. C." |
| Enter new principal offices address, if applicable:  | 1144 Jaybee Ave                              |                         |
| (Principal office address MUST BE A STREET ADDRESS)  | Davenport , FL 33897                         |                         |
|  |  |                         |
| Enter new mailing address, if applicable:  | 1344 Jaybee Ave                              |                         |
| (Mailing address MAY BE A POST OFFICE BOX)   | Davenport , FL 33897                         |                         |
|  |  |                         |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  | address on our records, <u>enter the na</u>  | me of the new registe   |
| The state of the s |  |                         |
| Name of New Registered Agent:  | 11   |                         |
| New Registered Office Address:   |  |                         |
|  | Emer Florida street address                  |                         |
| <del></del>  | , Florida _                                  | 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 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being ad or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>         | Address             | Type of Action |
|--------------|---------------------|---------------------|----------------|
| AMBR         | Christopher Barnett | 1144 Jaybee Ave     |                |
|              |                     | Davenport, FL 33897 | 7              |
|              |                     |                     | ■Change        |
| <del></del>  |                     |                     | 🗀 Add          |
|              |                     |                     | □Remove        |
|              |                     |                     | □ Change       |
| <del></del>  |                     |                     | □Add           |
|              |                     |                     | □Remove        |
|              |                     |                     | []Change       |
|              |                     |                     |                |
|              |                     |                     | □Remove        |
|              |                     |                     | □Change        |
|              |                     |                     | □Add           |
|              |                     |                     | □Remove        |
|              |                     |                     | □Change        |
|              |                     |                     | □Add           |

. . . .

| -                                     |  |   |
|---------------------------------------|--|---|
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  | · · · · · · · · · · · · · · · · · · ·   |
|                                       |  |   |
| <del></del> -                         |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  |   |
|                                       |  | · · · · · · · · · · · · · · · · · · ·   |
|                                       |  |   |
|                                       |  |   |
| 1194Ci il ille date illiserred illi ( | an the date of filing:  ate must be specific and cannot be prior to date of filing or more than this block does not meet the applicable statutory filing requir the Department of State's records. | ( <b>optional)</b><br>90 days after filing.) Pursuant to 605.0207 (rements, this date will not be listed as t |
| he record specifies a delayed ef      | ffective date, but not an effective time, at 12:01 a.m. on the e   | arlier of: (b) The 90th day after the   |
| ord is filed.                         |  |   |
| ord is filed.                         | 2023   |   |
| ord is filed.                         | er Barnett   |   |
| Dated SEPTEMBER 26                    |  | uber  |