## L23000046356

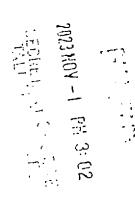
(Re	questor's Name)	<del>'</del>
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PICK-UP	WAIT	MAIL
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Special Instructions to I	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	rporations			
SUBJECT:	VOGUE	TRAVEL LLC		
30BECT	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Sonia Becerra		
		Name of Person		
		Swyft Filings		
	····	Firm/Company		
		3 Greenway Plaza #1320		
		Address		
		Houston, TX 77046		
		City/State and Zip Code		<u>-</u>
		fo@legalcorpsolutions.com (to be used for future annual report noti		52.0 5.231. 5.231.
For further information of	concerning this matter, please of	·	nealthy	SECRETARY
Sonia B	ecerra	at ( 877 ) 777-0	1450	
Name o	of Person	Area Code Daytim	ne Telephone Number	PH 3: C2
Enclosed is a check for the	he following amount:			, , ,
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &
<u>Mailing Addres</u> Registration :	Section	<u>Street Address:</u> Registration Se		
Division of C	Corporations	Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vogue Trav			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)	
e Articles of Organization for this Limited Liability Company	were filed on0	1/25/2023	and assigned
rida document number <u>L23000046356</u>			
s amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	llity company here:		
new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the ab	breviation "L.L.C."
ter new principal offices address, if applicable:	10420 Crooked	d Creek Dr.	
incipal office address MUST BE A STREET ADDRESS)	Venice, FL 342	293	
ter new mailing address, if applicable:	10420 Crooked	d Creek Dr.	2022
ailing address MAY BE A POST OFFICE BOX)	Venice, FL 342	293	超 3
If amending the registered agent and/or registered office a	address on our record	s, <u>enter the nam</u>	e of the new registere
nt and/or the new registered office address here:			02
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:			
	Enter Florida str	eet address	
	<u>.                                    </u>	, Florida	
v Registered Agent's Signature, if changing Registered Agent:	City		Zip Code
		Sec. 16. 4	
ereby accept the appointment as registered agent and agra- evisions of all statutes relative to the proper and complete			

ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

npany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

MBR = Authorized Member

<u>tle</u>	<u>Name</u>	Address	Type of Action
/IGR_	Chawapiwa Chilume	20204 Lagente Circle	
		Venice, FL 34293	Remove
			□Change
1GR Nicholas Rohan	10420 Crooked Creek Dr.		
		Venice, FL 34293	□Rетюvе
			□Change
			□Add
		□Remove	
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			SE ORemove
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			Change
			□Add
			□Remove

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Filing Fee: \$25.00

Typed or printed name of signee