

L23000087810

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(City/State/Zip/Phone #)

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Y. SCOTT  
OCT 15 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Small - World Travels, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dane Jenkins  
Name of Person

Small - World Travels, LLC  
Firm/Company

5121 Caribbean Drive  
Address

Spring Hill, FL 34606  
City/State and Zip Code

djenkins787@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Dane Jenkins at (352) 585-1618  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee.<br>Certificate of Status &<br>Certified Copy<br>(additional 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**

Small-World Travels, LLC  
(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 02/17/23 and assigned Florida document number L23000087810

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Paradise Planners Travel, LLC  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13607 Fairdale Lane  
Spring Hill, FL  
34609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13607 Fairdale Lane  
Spring Hill, FL  
34609

**B. If amending the registered agent and/or registered office 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:

Ashley Jenkins

New Registered Office Address:

13607 Fairdale Ln.  
Enter Florida street address

Spring Hill, Florida 34609  
City 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 the 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.*

Ashley Jenkins  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Dane Jenkins	5121 Caribbean Dr	<input type="checkbox"/> Add
		Spring Hill, FL 34606	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ashley Jenkins	13607 Fairdale Ln.	<input checked="" type="checkbox"/> Add
		Spring Hill, FL 34609	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	n/a		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Remove  
Change  
Add  
Remove

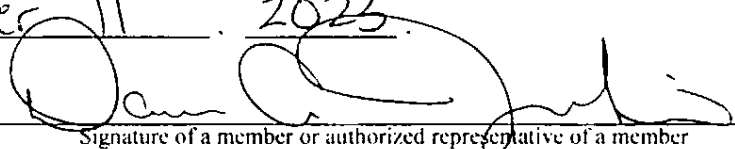
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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E. Effective date, if other than the date of filing: N/A (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated September 11, 2023  
  
Signature of a member or authorized representative of a member  
Dan A. Jenkins  
Typed or printed name of signee