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SECRETARY OF STALE
TALL AHASSEE, FLORIO,

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COVER LETTER

TO:	Registration Se Division of Cor							
embre	Amazon To	ur LEC						
SUBJECT:Name of Limited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please r	eturn all correspo	ndence concerning this matter	to the following:					
		Leticia Viana						
			Name of Person					
		Amazon Tour LLC						
Firm/Company								
		13500 Rodgers Ave. Apt 5	112					
			Address					
		Largo, FL 33771						
			City/State and Zip Code					
		toamazonhelp@gmail.com						
For furtl	her information co	n-mail address: (oncerning this matter, please c	to be used for future annual report notificall;	ation1				
Leticia			727 483-2935 Area Code Daytime T					
	Name of	Person	Area Code Daytime T	Telephone Number				
Enclose	d is a check for th	e following amount:						
≣ \$25	.00 Fifing Fee	□ \$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)				

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

Amazon Tour 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 $\frac{03/09/2023}{1}$ and assigned Florida document number _____123000122810 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regis agent and/or the new registered office address here: Leticia Martins De Paula Viana Name of New Registered Agent: 13500 Rodgers Ave Apt 512 New Registered Office Address: Enter Florida street address

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.

Largo

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
AMBR	Nicholas Ribeiro Viana	13500 Rodgers Ave. Unit 5, Apt 512, Largo FL 33771	
			_ = Remove
			_ Change
AMBR	Leticia Martins De Paula Viana	13500 Rodgers Ave, Unit 5, Apt 512, Largo FL 33771	
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
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flective date is listed. If the date inserte	d in this block doe	s not mee	et the applic	ahle statutor	ig or more than s y filing require	90 days after fi ements, this i	ing.) Pursuan late will not	10 605,020 be listed a
ment's effective dat	e on the Departme	ent of Sta	te's records.	•				
ord specifies a delay	ed effective date, b	but not ar	reffective ti	me, at 12:01	a.m. on the ea	irlier of: (b)	The 90th da	iy after th
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Filing Fee: \$25.00