## L23000143561

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
Certified Copies Certificates of Status
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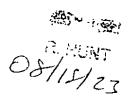
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DIVISION OF CORPORALISM



## **COVER LETTER**

	Registration So Division of Co.			•,	•
CUBIC		DES ORLANDO LLC			
SUBJEC	.1:	Name of Lim	ited Liability Company	• <b>8</b> 11	
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		ADRIAN KING			
			Name of Person	<del></del>	
		INSTA RIDES ORLANDO	O LLC		
			Firm/Company	- <del></del>	
		1887 HICKORY BLUFF I	ROAD		
			Address	<del></del>	292
		KISSIMMEE, FLORIDA	34744		2023 AUG 18 FH 12: 40
			City/State and Zip Code		3 - 8
		KINGFAMILYRENTALS(	<del>-</del>		- <del></del> -
		E-mail address: (	to be used for future annual report notifi	cation)	PH12: 40
For furthe	er information o	concerning this matter, please c	ali:		0.7
ADRIAN	KING		407 929-9666		
	Name c	of Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for t	he following amount:			
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclo	
	Mailing Addres Registration Division of C	Section	Street Address: Registration Sec Division of Corp		
	P.O. Box 632	27	The Centre of T	allahassec	
	Tallahassee,	1°L 32314	2410 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTA RIDES ORLANDO LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on 03/21/2023	and assigned
Florida document number L23000143561		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LUXURY VACATIONS AND TRAVELS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1887 HICKORY BLUFF ROAD	
(Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FLORIDA 34744	
		ELVISION 2023 AU
Enter new mailing address, if applicable:	·	등 종
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		PH 12
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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.

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>	Name	Address	Type of Action
AMBR	LOLA KING	1887 HICKORY BLUFF ROAD	
		KISSIMMEE, FLORIDA 34744	□Remove
			□Change
			□Add
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			Change
			Division of Lo
		<del></del>	Division of Composition
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					AUG	2026
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						.7:
ffective date, if other than the data an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	ite of filing: e specific and canno c does not meet th	t be prior to dat le applicable s			g.) Pursuant to 605.	
record specifies a delayed effective of is filed.	ate, but not an eff	Fective time, a	12:01 a.m. on th	e earlier of: (b) T	The 90th day after	the
	202	3,				
AUGUST 15	·	<del></del> ·				
ated AUGUST 15	·_	1	-			

Filing Fee: \$25.00