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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUNBIZ ONLINE LLC

Account Number : I20210000128 : (305)244-9500 Fax Number : (954)827-9354

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **ENJOY TRIP LLC**

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K. SALY

SEP 1 1 2024

COVER LETTER

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Registration Section
Division of Corporations

TO:

SUBJECT:	I .	ENJOY TRIP LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		RODRIGO URBINA	
		Name of Person	
		SUNBIZ ONLINE LLC	
		Firm/Company	
		2031 HARRISON ST.	
		Address	
	I	IOLLYWOOD, FL 33020	
		City/State and Zip Code	
		DRIGO@SUNBIZONLINE.OR	
	E-mail address: (to be used for future annual report i	notification)
For further information of	concerning this matter, please c	all:	
RODR	GO URBINA	305 at ()	244-9500
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27		Section

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 SEP 10 AM 2: 53
TALLAHASSEE FLORID.

ENJOY TRIP 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	03/22/2023	and assigned
Florida document number L23000146202		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
N/A		
he new name must be distinguishable and contain the words "Limited Liability Company." the de-	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
3. If amending the registered agent and/or registered office address on our re	ecords, <u>enter the nan</u>	
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:		
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent:		
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ecords, <u>enter the nan</u>	
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2031 Hz Enter Flori	ecords, enter the nan ARRISON ST. ida sweet address	ne of the new register
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2031 Hz Enter Flori	ecords, enter the nan	ne of the new register
B. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 2031 Hz Enter Flori	ecords, enter the nan ARRISON ST. ida sweet address	ne of the new register

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
MGR	NISTA, DIEGO DAMIAN	2165 VAN BUREN ST	🗀 Add
		SUITE 911	Remove
		HOLLYWOOD, FL 33020	Change
N/A	N/A	N/A	□Add
			□ Remove
			OChange Add T
-			DA'dd Remove
			□ Remove 7
			□Remove
			ClChange
			🗆 Add
			Remove
			Change
		***************************************	DAdd
			□ Remove
			□Change

N/A	
72-21-1	
	<u> </u>
-	
ive date	, if other than the date of filing:(optional)
fective date If the da	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ste inserted in this block does not meet the applicable statutory filing requirements, this date will not be li
ent's eff	ective date on the Department of State's records.
	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af
led.	
	SEPTEMBER 10 2024
	SEPTEMBER 10 2024
	THECO D NISTA
	Signature of a member or authorized representative of a member
	DIEGO DAMIAN NISTA

Filing Fee: \$25.00