4/26/23, 10:28 AM

Division of Corporations

Florida Department of State S Division of Corporations Elegranic Fling Cover Sheet

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PECFUENCES AND: 33
DEPARTHENT OF STATES
DIVISION OF CORPORATIONS
TALL AND SSEE. FLORIGA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COASTAL VIBES TRAVEL LLC

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From:

COVER LETTER

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CUDIECT.		L VIBES TRAVEL LLC						
SUBJECT: Name of Limited Liability Company								
The encloses	d Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please return	n all correspo	ndence concerning this matter	to the following:					
		Cheyenne Moseley						
		+2	Name of Person	<u>.</u>				
		Legalzoom.com, Inc.						
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Cheyenne M	Cheyenne Moseley 800 773-0888 at (
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a	check for th	e following amount:						
□ \$25.00 F	iling 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

From:

LegalZoom.com, Inc. 04/24/2023 10:25

From: Laura Rodriguez #816 P.003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

COASTAL VIBES TRAVEL 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 04/12/2023 ___ and assigned Florida document number 1.23000181884 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TahDan Travel Group 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) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

From:

MGR = Manager

From: Laura Rodriguez

☐ Change

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

AMBR = Authorized Member					
Title	<u>Name</u>	Address	Type of Action		
			□ Remove		
			☐ Change		
			□ Add		
			C Remove		
			☐ Change		
			Add		
			☐ Remove		
			□ Change		
			□ Remove		
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		-	☐ Change		
			□ Romove		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. Signature of a member or authorized representative of a member Daniel Ortega Typed or printed name of signee

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Filing Fee: \$25.00