## 123000206129

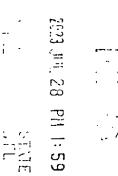
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## **COVER LETTER**

TO: Registration So Division of Cor			
	NE TOURS LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIANA RUIZ MOYA		
		Name of Person	<del></del>
	-	Firm/Company	
	5245 W IRLO BRONSON	MEMORIAL HWY, UNIT #1	
		Address	<del></del>
	KISSIMMEE, FL 34746		
		City/State and Zip Code	
	GREENLINETOURSLLC(		
		to be used for future annual report notific	ation)
For further information of	oncerning this matter, please c	all:	نب == '
ELIANA RUIZ MOYA		832 4415144 at ()	773 HT 28
Name o	t Person	Area Code Daytime T	l'elephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 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 enclosed)
Mailing Address:		Street Address:	i.a.n
Registration Section		Registration Section of Corne	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREENLINE TOURS LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our rec liability Company)	<u>:ords.</u> )
The Articles of Organization for this Limited Liability Company  Florida document number L23000206129	were filed on $\frac{04/26/2023}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	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:		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		7
		1 2 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
No. D. 14 1000 - All.		
New Registered Office Address:	Enter Florida street address	
		Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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	ANDRES ELIAS GONZALEZ	5245 W IRLO BRONSON MEMORIAL HWY1	<b>\</b> Add
		UNIT #1, KISSIMMEE, FL 34746	□Remove
			□Change
<del></del>		<del></del>	□Add
			□ Remove
			☐ Change
			□Add ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
			☐ Change ()
			□Remove
			□ Change
			DAdd
			Remove
			Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 07/12/2023 E. Effective date, if other than the date of filing: (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. JULY 19TH Dated\_ 2023 signature of a member or authorized representative of a member ELIANA RÚIZ MOYA Typed or printed name of signee

Filing Fee: \$25.00