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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Pusinger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

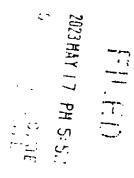
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COVER LETTER

TO: Registration Section

Division of Co	orporations				
	ions Travel LLC				
SUBJECT:	Name of Lim	ited Liability Company			
···	e sa a la cara de la cara sa c	and the desired			
The enclosed Articles of	Amendment and ree(s) are sur	omitted for filing.			
Please return all corresp	nondence concerning this matter	to the following:			
	Christina StephanParkes				
		Name of Person			
	Just Solutions Travel LLC				
	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Christina StephanParkes Name of Person Just Solutions Travel LLC Firm/Company P.O. Box 140895 Address Gainesville, Florida 32614 City/State and Zip Code christina@justsolutionstravel.com E-mail address: (to be used for future annual report notification) n concerning this matter, please call: ses at (352 999-2605 at (Area Code Daytime Telephone Number) r the following amount: State Certificate of Status Certified Copy (additional copy is enclosed) ress: n Section Registration Section Division of Corporations				
	P.O. Box 140895				
		Address			
	Gainesville, Florida 32614	1			
		•			
			tification)		
For further information		·			
Christina StephanParke					
Name	of Person	Area Code Daytii	ne Telephone Number		
Enclosed is a check for	the following amount:				
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Addr Registration			ection		
_		Division of Co	*		
P.O. Box 63					
Tallahassee.	, FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our recimited Liability Company)	ords.)
mpany were filed on May 5, 2023	and assigned
••	
ed liability company here:	
ed Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
	202
<u> </u>	2023 HAY
	7
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	•
office address on our records, <u>ent</u>	er the name of the new register
Prom Planta sums at	I
City	Florida
	ed liability company here: ad Liability Company," the designation "L SSS) Enter Florida street add

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 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	<u>Address</u>	Type of Action
AMBR	Christina StephanParkes	4417 SW 71st Terrace #4	■Add
		Gainesville, Florida 32608	□Remove
			□Change
			□Add
			□Remove
			Cl Change
******			□Add
			Remove
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ffective date, if other than the effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	nust be specific and cannot be block does not meet the ag	prior to date of filing or oplicable statutory fil	(option more than 90 days after ing requirements, this	iling.) Pursuant to 605,020
record specifies a delayed effect is filed.	ive date, but not an effecti	ve time, at 12:01 a.m	i. on the earlier of: (b)	The 90th day after the
May 13		·		
	_			
Christina /	Signature of a member or a	d authorized representation	ve of a member	

Filing Fee: \$25.00