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COVER LETTER

TO:

Registration Section
Division of Corporations

Storey World Travel LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan Riley Storey Name of Person Storey World Travel LLC Firm/Company 85074 Jessie Ln Address Yulce, FL 32097 City/State and Zip Code j.riley.storey@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan Riley Storey 335-0564 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee **\$30.00** Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Storey World 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 $\frac{\text{May 15, 2023}}{\text{May 15, 2023}}$ and assigned Florida document number L23000238165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Storey Travel LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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: (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 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>	<u>Name</u>	Address	Type of Action
			□Add
		-	□Remove
			□Add
			Remove
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			□Remove
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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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records, 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 field. Dated May 19 2023 Signature of a member or authorized representative of a member					
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Signature of a member or authorized representative of a member	Dated		·		
Signature of a member or authorized representative of a member		-/}	. <u> </u>		
,	-/2	Signature of a member or aut	horized representative o	f a member	
	,	•		-	
		Typed or pri	ited name of signee	-	