

10/5/23, 1:10 PM

Division of Corporations

L23000289775

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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THE BIG STRENGTH CORPORATION**

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TURISMO VIAJES BT LLC

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:

SILVIO LEMBI

Name of Person

TURISMO VIAJES BT LLC

Firm/Company

848 BRICKELL AVE STE 950

Address

MIAMI, FL 33131

City/State and Zip Code

expressams314@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIO LEMBI

Name of Person

at (305)
Area Code

528-6385

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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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 Address:

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

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

TURISMO VIAJES BT 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 JUNE / 15 / 2023 and assigned
 Florida document number L 23000289775

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 _____
 City Zip Code

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	MARIA C. LUJAN MACHIAVELLO	848 BRICKELL AVE, STE 950, MIAMI, FL 33131	☐ Add
			☒ Remove
			☐ Change
AMBR	SILVIO LEMBI	848 BRICKELL AVE, STE 950 MIAMI, FL 33131	☒ Add
			☐ Remove
			☐ Change
MGR	SILVIO LEMBI	848 BRICKELL AVE, STE 950, MIAMI, FL 33131	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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