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COVER LETTER

TO: Registration S Division of Co	Section orporations		
	I MARE TRAVEL LLC		
SUBJECT:	Name of Limite	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subm	uitted for filing.	
Please return all corres	pondence concerning this matter to	the following:	
	RICHARD KE MIDDAGH	ESQ	
		Name of Person	
	MIDDAGH LAW, PLLC		
		Firm/Company	_
	6915 S. RED ROAD, SUIT	E 206	
		Address	
	CORAL GABLES, FL 3314	43	
		City/State and Zip Code	
	RICHARD@MIDDAGHLA	o be used for future annual report notifi	cation)
For further information	on concerning this matter, please ca		
RICHARD KE MIDI		786 395-1148	
Nar	ne of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e S30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Division (P.O. Box	on Section of Corporations	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



JURNE DI MARE TRAVEL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	(A Forma Limited	calability Company)	
The Articles of Organization for this Limited I	Liability Compan	y were filed on 07/0	06/2023 and assigned
Florida document number L23000320100			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company he	<u>re</u> :
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the de	ssignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		···
		•••	
Enter new mailing address, if applicable:		N/A 	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or agent and/or the new registered office addri		address on our re	cords, enter the name of the new registered
agent and/or the new registered once about	ess nere		
Name of New Registered Agent:	Richard K.E. 1	Middagh, Esq.	
New Registered Office Address:	6915 S. RED I	ROAD, SUITE 206	
		Enter Flor	da street address
	CORAL GAB	LES	, Florida ³³¹⁴³
	·	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>t:</u>	

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
MGR	Khalil Daya	1150 NW 72nd Ave, Tower I, #455, #11760 Mia	mi, FL 33/2-6 □ ■Add
			□Remove
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	N/A		
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