

L23000323001

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000364598 3)))



H240003645983ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : 120090000078
Phone : (561)515-4722
Fax Number : (561)515-3904

2024 NOV - 1 PM 5: 22
FLORIDA DEPARTMENT OF STATE
FALL HAVEN, FLORIDA

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: AMurphy@Krasckerlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORI ABBRUZZESE TRAVEL ADVISOR LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED
2024 NOV - 1 PM 12: 58
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FALL HAVEN, FLORIDA

1240003645983

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CORI ABBRUZZESE TRAVEL ADVISOR 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:

PAUL A. KRASKER
Name of Person
THE LAW OFFICE OF PAUL A. KRASKER
Firm/Company
1615 FORUM PLACE 5TH FLOOR
Address
WEST PALM BEACH, FL 33401
City/State and Zip Code
AMURPHY@KRASKERLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA MURPHY SNOWDEN at (561) 515-4722
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & 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

1240003645983

4240003645983

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 NOV -1 PM 5:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORI ABBRUZZESE TRAVEL ADVISOR 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 07/07/2023 and assigned Florida document number 123000323001

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

4240003645983

11240003645983

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED 2024 NOV - 1 PM 5:22 TALLAHASSEE FLORIDA

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 (1)(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.

Dated Nov 1, 2024

PK

Signature of a member or authorized representative of a member

Paul A. Krasker

Typed or printed name of signee

11240003645983

Filing Fee: \$25.00