(M)

1300369294

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

Office Use Only



200438740702

10/29/24--01028--018 ••25.00

COVER LETTER

TO:

Registration Section

Division of Corporations					
∇	* R TRAVEL A	1524 1116			
SUBJECT:		ited Liability Company			
	Nanc or can	ned Embinity Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		7~			
	, ECC	ICA RICARD			
		Name of Person			
	R'. D	TRAVELAGENCI	y UC		
		Firm/Company	\		
		1			
	1840 MM 1	41 AVENUE Address			
	_	Address			
	Discussion	5 3200 C)		
	PLUBROLE Y	NES F. 38028 City/State and Zip Code	<u> </u>		
	E-mail.address: (ticard 18@ (mail to be used for future annual report no	ification)		
For further information co	oncerning this matter, please ca	all:			
,	7				
CESSIC	a Ricard	at (205) 28 Area Code Daytin	1-5757		
Name of	Person	Area Code Daytir	me Telephone Number		
England is a sheat for th	a Callanian amount				
Enclosed is a check for th	_				
★ \$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	p.4	Street Address:			
Mailing Address: Registration Section			Registration Section		
Division of C		Division of Co			
P.O. Box 632	7	The Centre of			
Tallahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K & K TRAVELHGENKY CLC
(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 817/2023 and assigned
Florida document number <u>L2300031A294</u> .
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

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	Address	Type of Action
MGS	WILLIAM EXARD	1879 NW 141 AVENUE	□Add
		1879 NW 141 AVENUE PEUBDOVEPILES, FT. 33028	ZRemove
			□Change
			□Add
			□ Remove
			🗆 Add
			□Remove
			□Change
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
		.	🗆 Remove
			Change

-	
-	
-	
-	
-	
-	
-	
-	
-	
	10/21/2121
ect	rive date, if other than the date of filing: 10/211/2021. (optional) fective 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
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cun	nent's effective date on the Department of State's records.
co	rd 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
	iled.
ted	<u>October</u> 24 . 2024.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member LESSICA LICARI

Filing Fee: \$25.00